

**CAMBRIDGESHIRE AND ISLE OF ELY
COUNTY COUNCIL**



ANNUAL REPORTS

of the

County Medical Officer of Health

and

Principal School Medical Officer

for the year

1969

County Medical Officer of Health:
P. A. Tyser, M.D., D.P.H.

Principal School Medical Officer:
M. E. Hocken, M.B., Ch.B., D.P.H.

Health Department, Shire Hall, Cambridge.
Tel: Cambridge 58811

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HEALTH COMMITTEE

Chairman: Alderman Harry Payne, J.P.

Alderman T.W. Anthony, J.P.	Councillor H. Hartley
Alderman L. Childs, C.B.E., J.P.	Councillor B.M. Osborn, J.P.
Alderman R.G. Curston, J.P.	Councillor I.M. Owen
Alderman E. Hepher	Councillor H. Palmer
Alderman F.H. Jeeps, M.C.	Councillor D.M.F. Parker-Rhodes
Alderman E.W. Parsons	Councillor J.A. Powley
Councillor A.B. Amey	Councillor H. Tash
Councillor E. Briggs	Councillor J. J. Tebbutt
Councillor D.Q. Fuller	Councillor E.M. Vinith-Williams
Councillor A.J. Goss	Councillor C. Webb
Councillor K.S. Green	Councillor L. Whittaker

Three representatives from the Cambridgeshire & Isle of Ely Executive Council:

Councillor F.G.W. Darby	Dr. J.A. Sadler
Dr. H.R. Erskine	

Two persons with special experience in Mental Health:

Mrs. P.R. Burnet, C.B.E., J.P.	Mr. E.N. Rigg
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GUARDIANSHIP SUB-COMMITTEE

Chairman: Alderman Harry Payne, J.P.

Alderman E. Hepher	Councillor E. Briggs
Councillor A.J. Goss	Councillor H. Tash

There are no other Sub-Committees.

Matters concerned with the School Health Service are dealt with either by the Northern or Southern Area Management Sub-Committee of the Education Committee.

STAFF

(As at 31st December, 1969)

County Medical Officer:

P.A. TYSER, M.D., B.S., D.P.H.

Associate County Medical Officer and
Principal School Medical Officer:

M.E. HOCKEN, M.B., Ch.B., D.P.H.

Deputy County Medical Officer:

P.K. SYLVESTER, M.B., B.S., D.P.H., D.C.H., D(Obst.) R.C.O.G.
(until 13th July 1969)

Second Deputy County Medical Officer:
(based at the Health Centre, March)

J.C. BURNS, M.B., B.Ch., B.A.O., D.P.H.

Senior Medical Officers:

B.W.M. MACARTNEY, B.A., B.M., B.Ch., D.C.H., D.P.H., D(Obst.) R.C.O.G.
J.R.M. MURDOCH, M.B., Ch.B., D.P.H.
(From 15th September, 1969)

Principal Administrative Officer:

L. BLY, A.C.I.S., D.M.A.

Medical Officers in the Department and School Medical Officers:

The following doctors undertake sessional work for the department:-

KATHERINE A. BARCLAY, M.B., B.S.
AMELIE BOYD, B.Sc., M.B., Ch.B., D.P.H.
EILEEN M. BRERETON, M.A., M.B., Ch.B.
DOROTHY M. DAVY, M.B., Ch.B.
PAMELA M. FISHER, M.B., Ch.B.
GWYNETH M. GRESHAM, M.B., B.S.
W.R. HOLTON, M.B., B.S., M.R.C.S.,
L.R.C.P.

GWYNETH A. JONES-DAVIES, M.B., B.Ch.
MAUVEEN E.V. MUNK, M.B., Ch.B.
CATHERINE M. O'CONNELL, M.B., Ch.B.,
B.A.O., N.U.I.
MARJORIE THOMAS, B.Sc., M.B., Ch.B.,
D.P.H.

There are also a number of other doctors, including general practitioners, undertaking child health clinic work.

Consultant Chest Physicians:

C.E.P. DOWNES, M.R.C.S., M.R.C.P.
M.J. GREENBERG, M.A., M.B., M.R.C.P.

Joint Principal Dental Officers:

F.E. ADAMS, L.R.C.P., L.R.C.S.,
L.R.F.P.S., L.D.S., R.C.S.(Ed)
J.R. TOLLER, M.S.D., L.D.S.

Area Dental Officers:

J.C. McINTYRE, L.D.S.
MARGARET C. McINTYRE, B.D.S.

Senior Dental Officers:

LORNA J.M. KNOX, L.D.S.
I.J. STEELE, L.D.S., R.F.P.S.

Dental Officers:

*OLIVE FOULDS, L.D.S.
*JOSEPHINE M. GREENWOOD, B.D.S.
*JESSIE M. POUNTAIN, L.D.S.

Dental Auxiliaries:

ANNE FRENCH
JOAN H. STEVENSON
GERALDINE L.J. TIBBS

Health Education Officer:

JANE RANDELL, S.R.N., S.C.M., H.V., Q.N.,
Dip. H.E.

Assistant Health Education Officer:

W.G. BUCHANAN, R.G.N., Q.N., Dip. H.E.

Senior Teacher of the Deaf:

J.L. HOLMES, Dip. Teacher of the Deaf

Senior Administrative Assistants:

I. HUTCHINSON, D.M.A., (Deputy to P.A.O.)
(General Health Service)
J. GIPSON (March Office)
R.E. PARR, A.C.I.S. (Mental Health
Service)
H.J. SADLER, (Management and Finance)
R.F. SUMMERFIELD, (Nursing and Aftercare)

Ambulance Service Superintendent:

A.D. PRIOR

Principal Nursing Officer:

SARAH MEE, S.R.N., S.C.M., H.V., Q.N.,
P.H. Admin. Cert.

Home Help Organiser:

OLIVE B. GREENSLADE

Senior Mental Welfare Officers:

K.D. ARMITAGE
R.A.M. REEVE, C.S.W.

Mental Welfare Officers:

T.H. COY
*R. HESELTINE
M. NELSON, C.S.W.
J.M. ROWLING, C.S.W.
L.E. STEBBINGS

Home Teacher for Mentally Subnormal:	EDNA M. JOHNSON
Senior Speech Therapist:	HEATHER G. HRAMTSOV, L.C.S.T.
Speech Therapists:	*M.M. BANYARD, L.C.S.T. *D.E. GOODMAN, L.C.S.T. H. GOODWILL, L.C.S.T. *P. HINDS, L.C.S.T. P.A. KNIGHT, L.C.S.T.
Senior Educational Psychologist:	D.C. JONES-DAVIES, M.A. (Wales), M.Phil. (London)
Educational Psychologists:	*M.W. BRENNER, Ph.D. G.McG. SHIACH, M.A., M.Ed.(Aberdeen)

* Part-time staff

CHILD PSYCHIATRIC SERVICE

United Cambridge Hospitals and East Anglian Regional
Hospital Board

CAMBRIDGE

Consultant Child Psychiatrists:	R.E. GLENNIE, M.D., D.C.H., D.P.M. A. GAGE, M.B., Ch.B., D.P.M.
Psychologists:	MRS. M.F. FARRELL, M.A. (Part-time) MRS. E. URETSKY, Ph.D.

PETERBOROUGH

Consultant Child Psychiatrist:	B.F. WHITEHEAD, M.A., M.B., D.P.M.
Social Worker:	MRS. D.M. JOHNSON, A.A.P.S.W.

The undermentioned hold appointments as honorary consultant psychiatrists to the local health authority:-

D.H. CLARK, M.A., M.D., F.R.C.P., D.P.M.
R.E. GLENNIE, M.D., D.C.H., D.P.M.
G.E. ROBERTS, M.B., B.Ch., D.P.M.

CITY OF CAMBRIDGE

Under the scheme of delegation which commenced on 1st October, 1960, the City of Cambridge are responsible for the administration of certain health and welfare services in their area. The staff providing the services are under the direction of the City Medical Officer of Health, C.G. Eastwood, M.D., B.Sc., D.P.H.

DISTRICT COUNCILS

Urban Areas

Medical Officer of Health

Cambridge City Municipal Borough,
Kett House, Station Road, Cambridge.

C.G. Eastwood, M.D., B.Sc., D.P.H.

Chatteris Urban District Council,
Grove House, Chatteris.

A.S. Watson, M.R.C.S., L.R.C.P.

Ely Urban District Council,
Lynn Road, Ely.

B.W.M. Macartney, B.A., B.M., B.Ch.,
D.C.H., D.P.H., D(Obst) R.C.O.G.

March Urban District Council,
Town Hall, March.

J.C. Burns, M.B., B.Ch., B.A.O., D.P.H.

Whittlesey Urban District Council, Council Offices, Whittlesey.	D.C. Logan, M.B., Ch.B., D.P.H.
Wisbech Municipal Borough Council, Town Hall, Wisbech.	M.D.C. Martin, M.B., Ch.B., D.C.H.
<u>Rural Areas</u>	
Chesterton Rural District Council, Gt. Eastern House, Tenison Road, Cambridge.	P.K. Sylvester, M.B., B.S., D.P.H., D.C.H., D(Obst) R.C.O.G. (Until 13th July 1969) J.R.M. Murdoch, M.B., Ch.B., D.P.H. (From 15th September 1969)
Ely Rural District Council, Lynn Road, Ely.	B.W.M. Macartney, B.A., B.M., B.Ch., D.C.H., D.P.H., D(Obst) R.C.O.G.
Newmarket Rural District Council, Park Lane, Newmarket.	B.W.M. Macartney, B.A., B.M., B.Ch., D.C.H. D.P.H., D(Obst) R.C.O.G.
North Witchford Rural District Council, 74 High Street, Chatteris.	M.E. Hocken, M.B., Ch.B., D.P.H. (acting)
South Cambridgeshire Rural District Council, Council Offices, Hobson Street, Cambridge.	P.K. Sylvester, M.B., B.S., D.P.H., D.C.H., D(Obst) R.C.O.G. (Until 13th July 1969) J.R.M. Murdoch, M.B., Ch.B., D.P.H. (From 15th September 1969)
Wisbech Rural District Council, Council Offices, Alexander Road, Wisbech.	M.D.C. Martin, M.B., Ch.B., D.C.H.

GENERAL STATISTICS OF THE ADMINISTRATIVE COUNTY

Area	531,578 acres
Mid-year population (Registrar General's estimate)	302,560
Census population 1966	287,840*
Birth rate (corrected)	14.5 per 1,000 population 14.4 "
Death rate (corrected)	11.0 " 10.6 "
Infant Mortality rate	16.0

GENERAL INFORMATION

The area of the administrative county remained unchanged at the end of 1969 at 531,578 acres. The estimated mid-year population was divided as to 100,200 persons resident in the City of Cambridge, of whom over 10,000 are studying at the University. The estimated population of the County area numbered 202,360. The tables which appear on page 54 show that the population of Cambridge City has decreased by 270 while the County Area shows an increase of 1,360.

* Based on 1966 10% sample census.

To the Chairman and Members of the County Council:

Ladies and Gentlemen,

I have pleasure in presenting the Annual Report for 1969 in accordance with Department of Health and Social Security Circular 1/70.

Specific comment is requested upon:

- (a) the co-ordination and co-operation of the Health Department's services with the hospital and family doctor services, including attachment or liaison schemes between the Health Department's domiciliary staff and family doctors;
- (b) progress on the scheme for notification to Medical Officers of Health of congenital defects apparent at birth;
- (c) action taken by the Council on the fluoridation of the public water supplies;

I have no particular or further comment to make upon these matters since they have been adequately dealt with in previous reports (1966, 1967 and 1968). Co-operation, co-ordination and integration of the Council's service with hospital, general medical and voluntary service is of a high order. I regret that rather than improving the service to the patient, forthcoming legislation may well result more in the undoing of established services and lines of communication than enhancing them.

Congenital defects continue to be notified satisfactorily.

Fluoridation of water supplies will not, in my opinion, be successfully achieved throughout the country until legislation makes it mandatory upon water undertakers to adjust fluoride levels; the present cumbersome administrative machinery with its divided responsibilities and controls is a classic blueprint for non-achievement!

1969 marks the end of the 60's, a decade which has seen man walk upon the moon, experienced the nascence of organ transplant surgery, and has at last woken up to the fact that man is the greatest polluter of his environment, not least by over production. The pace of scientific discovery has increased beyond comprehension and the impact of new discoveries and new horizons are hardly realised before they are outmoded. Whether mankind is any happier or more contented for all this furious activity is a question seldom, I believe, considered.

The area of social reform has not been neglected in the rush to the twentyfirst century. Kenneth Robinson's Green Paper on reform of the Health Service was stillborn against an empty background of no information about local government reform and reform of the social services. Richard Crossman's Green Paper and the Government's White Paper on Local Government Reform following Lord Redcliffe-Maud's Report contain recommendations for a similar administrative structure. The Seebohm Report, however, appeared as a Bill with no intermediary stages confirming some cynical comment that it was merely a means of introducing South of the Border what the Scots had had thrust upon them two years earlier. Green Paper II and the Government's White Paper on Local Government Reform between them polarize the health and social services making the success from the consumer point of view dependent on top management seeing eye-to-eye without hostile confrontation. A time scale was attached to all these manoeuvres which now, at the time of writing these notes, has gone to the wall with a change of government. A further era of uncertainty is upon us and the chill wind of change continues to blow without foreseeably becoming more temperate; a very bad thing for the morale of the people responsible for delivering care to the community and moreover likely to affect qualitatively and quantitatively the effectiveness of the product from the recipients' point of view.

In the following paragraphs an attempt has been made to indicate some of the developments in those aspects of care, the responsibility of the health department, which have taken place during the decade. It has not been possible to give a complete picture because of amalgamation in 1965 of the two Counties now constituting the present authority - information since 1965 is more clear cut and paints a picture of steady progress commensurate with the vitality of the decade now past.

The budgets of the two former counties in 1960 were as follows:-

Revenue provision	
	£
City of Cambridge	57,965
General and Rural Area	183,238
Isle of Ely	92,642

Capital provision

	<u>Approved</u>	<u>Provisional</u>
Cambridgeshire	£6,360	£51,740
Isle of Ely	£108,753	

In the following details of financial provision since amalgamation in 1965, the expansion of the health services is reflected in the upward trend of the figures, particularly those concerned with the revenue provision.

Year	Revenue				Capital	
	City of Cambridge	General and Rural Area	Water Supply and Sewerage	Total	Approved	Provisional
	£	£	£	£	£	£
1965/66	131,125	<u>453,752</u>	45,633	630,510	336,608	394,792
1966/67	146,015	<u>516,121</u>	52,675	714,831*	653,572	523,183
1967/68	164,325	<u>584,075</u>	76,720	825,120	636,139	587,838
1968/69	162,840	<u>628,480</u>	96,405	888,220*	705,099	762,700
1969/70	171,245	<u>687,925</u>	118,625	977,840*	429,110	662,315

*Includes small amounts relating to miscellaneous services.

1960

Maternity Liaison Committees established to improve co-ordination of hospital, general practitioner and local health authority services.

Geriatric Liaison Committee established to improve co-ordination of hospital, general practitioner and County Council community and residential services.

Yellow Fever Vaccination Centre established.

Medical Examination of staff and teachers, etc., previously undertaken by the Chest Clinic, became the responsibility of the Health Department.

Routine Medical Inspection arrangements were revised, ultimately to include frequent visits by Medical Officers to all schools.

Vision Testing - special visits by School Nurse were introduced.

Under Nurseries and Child Minders Regulation Act there were twelve Nurseries (174 children) and six Child Minders (46 children).

1961

Screening tests of hearing for seven month old children questionnaires were introduced.

Chiropody Service was introduced for the aged and other special categories.

Orchard Court Junior Training Centre opened.

Fluoridation of water supplies: the first circular was received.

1962

Screening tests of hearing for seven month old children were commenced.

Cambridge Adult Training Centre had two workshops added.

1963

Peripatetic Teacher of the Deaf: the first teacher appointed.

Health Education Officer: the first full time qualified officer appointed.

Mental health social work functions hitherto delegated to Cambridgeshire Mental Welfare Association returned to County Council.

Neighbourly help scheme introduced.

Highfield Junior Training Centre, Ely opened.

Regional Hospital Board Training Scheme, in which the department participates, commenced.

Cambridgeshire Mental Welfare Association Sheltered Workshop which started in 1962 moved to Adult Training Centre, Cambridge.

1964

Local register of congenital abnormalities and "at risk" children introduced.

Ambulance Service: responsibility transferred from Clerk of Council to the Health Department.

Cervical cytology introduced.

Rees Thomas Junior Training Centre and Hostel opened.

County Clinic, Horsefair, Wisbech opened replacing old clinic.

1965

Amalgamation of the counties of Cambridgeshire and The Isle of Ely.

Radio telephony in nurses' cars commenced, control being exercised through ambulance station.

At this stage under the Nurseries and Child Minders Regulation Act, there were 23 nurseries (413 children) and 17 child minders (135 children).

1966

Adult Training Centre opened in temporary premises at March.

The Hawthorns Hostel for maladjusted children opened.

Ambulance Service placed on full time basis over whole area with radio control (until amalgamation ambulance service in former Isle of Ely ran on agency basis)

Part II Midwifery School established in Cambridge and provision of hostel by County Council for students.

1967

National Health Service (Family Planning) Act 1967 came into force.

Routine Surveillance of school swimming pools commenced.

Ambulance Controls undertook the contacting of mental welfare officers outside working hours. Duty mental welfare officer put on radio control.

Assessment Clinic for children with impaired hearing set up and headed by Consultant Otologist.

Radiotelephony extension to nurses' cars in northern part of the county.

1969

Health Centres opened at March, Sawston, Littleport and Whittlesey.

Measles vaccination introduced.

Major accident procedure revised and training for ambulance personnel introduced under terms of Circular NM 192A.

Cambridge Adult Training Centre had an additional workshop completed.

Wisbech Junior Training Centre introduced additional facilities to permit admission of "special care" children.

March Ambulance Station opened.

Midwives, Health Visiting and Home Nursing Service reorganised on termination of agency arrangements in northern part of the County. Appointment of Chief Nursing Officer.

Planning of Health Centres at Ely and Soham completed and building commenced.

For comparison with 1960 and 1965 there were 49 nurseries (997 children) and 114 child minders (552 children).

As we now enter the last thirty years of this century we can say for certain that the most pressing public health problems before us are population control, adequate services for the 65 plus age group, control of environmental pollution and the total care of problems of mental disorder in the community.

In this and previous reports can be seen the laying of the foundations for three of these problems; that of environmental pollution is not entirely directly the problem of a County Council under existing legislation, but steps are being taken to build up a picture of the situation in this area in the hopes that steps may be taken in the future to control the situation which, it must be realised, is not the responsibility of any one authority and the existing levels of responsibility vary from parish council to central government departments.

The report speaks for itself; the highlight is the opening of four health centres in a year (p.16).

None of the work in delivering care to the population could be achieved without team work and the work of many such teams; to all concerned my sincere thanks are extended, as they are on behalf of the department to the Chairman of the Health Committee and his colleagues whose interest and support is so much appreciated.

I am,

Your obedient Servant,

P.A. TYSER

County Medical Officer of Health.

The following information has been supplied by district medical officers relating to work undertaken in their areas with regard to water supplies and sewerage schemes.

WATER SUPPLIES

Chatteris Urban District Council

The only mains water supplies laid during the course of 1969 are those required to serve new housing estates in the area.

March Urban District Council

During 1969 in order to provide for new development the Wisbech Water Board laid new mains as follows:-

33 yds. of 9" main
180 yds. of 4" main
13 yds. of 3" main
and 60 yds. of 2" main
making a total of 286 yds. The total connections to new domestic supplies was 56.

Whittlesey Urban District Council

The water authority is the South Lincolnshire Water Board and the works carried out during the year were:-

The new pumping and control equipment and the new 1 million gallon capacity reservoir at King's Delph Pumping Station were brought into full operation during the year and all works included in the Whittlesey Comprehensive Water Supply Scheme were completed. In addition, as an extra safeguard to supplies in the area, telementery equipment was installed at King's Delph Pumping Station which automatically transmits various alarm conditions e.g. high and low reservoir and tower levels, high and low mains delivery pressures, mains electricity failure etc. to the Board's Control Centre which is manned 24 hours a day.

The Schedule below gives the details of the various mains laid in the area during the year:-

<u>Location</u>	<u>Length of Main Laid (Yards)</u>		
	3"	4"	Total
Chapel Bridge, Whittlesey	70	352	422
Vicarage Close, Holme	197	-	197
West Delph, Whittlesey	70	-	70
Drybread Road Site, Whittlesey	42	103	145
Station Road Site, Whittlesey	43	-	43
TOTAL:	422	455	877

Wisbech Municipal Borough Council

The Borough of Wisbech is a constituent authority of the Wisbech and District Water Board. A mains supply is generally available throughout the Borough.

The supply is obtained from shallow bore holes situated at Marham and Beechamwell in the County of Norfolk. The latter supply has only recently been commissioned and is now readily available to supplement the Marham source. An additional source of supply is available from the River Nar at Marham, although this is only likely to be in use at exceptional periods of peak demand in the height of the canning season.

The schedule of extensions to mains shows an addition of 1,620 yds. (all in p.v.c.) 200 new connections were made, generally to new dwellings.

The number of houses in the Borough without internal supply is:-

Town: 3 Rural Areas: 5

The Water Board carried out 239 bacteriological examinations on raw waters from the works, 230 of which were negative. Public Health Inspectors submitted 12 samples for similar examination to the Public Health Laboratory Service, all of which were negative. In addition the Water Board carried out 41 chemical analyses on raw waters, all of which were satisfactory.

SEWERAGE SCHEMES

Chatteris Urban District Council

There have been no extensions to the main sewage works during the year.

Chesterton Rural District Council

The Scheme for sewerage the parishes of Fen Ditton and Horningsea (commenced on 1st April, 1968) has been completed during the year and is in operation. That for the parishes of Dry Drayton and Oakington is scheduled for completion in July 1970. A total of £593,500 is involved with the two schemes.

Contracts are due to commence in April/May 1970 on the sewerage of five more parishes: Fen Drayton (167 houses) Grantchester (251 houses) Barton (325 houses) Comberton (692 houses) and Toft (177 houses).

Schemes for a further 11 parishes have been prepared as follows:

Newton	110 houses	)	Approved in principle. Awaiting consent to implement.
Stow-cum-Quy	162 "	)	
Great Wilbraham	173 "	)	
Little Wilbraham	140 "	)	
Hardwick	182 "	)	Awaiting Ministry approval.
Caldecote	173 "	)	
Bourn	297 "	)	
Caxton	129 "	)	
Lolworth	42 "	)	
Boxworth	69 "	)	
Conington	49 "	)	

It is hoped to submit one more area scheme to the Ministry in 1970 comprising 5 parishes:

Graveley	60 houses
Croxton	66 "
Eltisley	135 "
Elsworth	223 "
Knapwell	34 "

This will virtually complete the Council's sewerage programme with the exception of three small isolated hamlets of low priority (totalling some 53 houses).

A scheme to remedy the overloaded condition of the sewers in the parishes of Great and Little Shelford and Stapleford commenced in 1968 and is due for completion in June, 1970. Plans are also in hand to divert part of the flow from Histon and Girton to the Council's new works at Bar Hill to relieve a similar situation.

A full time Sewage Works Manager/Chemist is now employed to ensure proper maintenance and effluent standards as required by the River Authority.

Ely Rural District Council

a) Parish Sewerage Schemes

With the completion of the schemes for sewerage Little Thetford and Wardy Hill, and the good progress of schemes for Black Horse Drove and Pymoor, it is of considerable satisfaction to know that all the most populated parts of the rural district have the facility of main sewers.

There are now 11 main sewage disposal works with 5 of these dealing with the sewage from adjoining villages or hamlets involving considerable lengths of pumping mains.

The reconstruction of a section of sewer in Silt Road, Littleport, proved to be the headache of the year and, following the detailed television survey and other preliminary works, the practical side of the reconstruction commenced early in September. Everyone involved in the project knew of the many difficulties which had to be surmounted but it is doubtful if anyone could have foreseen all the hazards which became apparent as work progressed. Work proceeded without a break to the end of the year, but the progress in terms of yards of sewer relaid was very slow.

In connection with the scheme at Little Thetford, extensions were laid outside the district in order to serve several properties in the area of the Ely U.D.C.

b) Sewage Samples

During the year 29 samples of effluent were taken from the Council's Sewage Disposal Works by Inspectors of the River Authority. Of these 26 were satisfactory and 3 unsatisfactory. Of the unsatisfactory samples, one from Littleport works was just marginally unsatisfactory and one was very bad. No apparent reason could be discovered for this bad sample and a re-examination shortly afterwards showed that the plant was again working normally and producing good effluent. Of the satisfactory samples, 17 could be classed as very good, containing less than half of the permitted amount of polluting matter.

In the current blaze of publicity on pollution problems it is interesting to contrast these results with the recently reported statement in the House of Lords that "Three out of five Sewage Works are not meeting the River Authority consent conditions". It is commendable that this small Rural District Council without great resources has had the foresight to tackle and solve this problem, as it has its problems in many other fields, while larger and more wealthy authorities languish among slums and stinking rivers. It would suggest that Lord Redcliffe-Maud had the Nelson touch.

c) Cesspool emptying

This was the first full year of the Council's own cesspool emptying service which proved to be highly satisfactory. The Council's policy continued to be that of one free emptying per annum of cesspools serving private properties which could not be connected to a main sewer. If more frequent emptyings were required, then the owner was called upon to make a nominal payment of £1. It is pleasant to record that all orders were dealt with within 48 hours of receipt and, in the case of emergency emptyings, were invariably dealt with on the same day.

Altogether 402 orders were accepted. 694 loads from private houses and small disposal works were dealt with, involving approximately 700,000 gallons of sewage effluent and sludge. In certain cases it was necessary to rod drainage systems and flush out.

Many rural authorities have difficulty in disposing of the tanker contents adequately and we are no exception. Extensions to the sludge beds on the Little Refuse Tip were constructed but accepted as being of a temporary nature, and these continued to take the bulk of the material from the whole of the district. In some instances we were able to obtain the co-operation of farmers in accepting the effluent on to their land, but the percentage of material disposed of by this method was really insignificant.

In pursuing alternative arrangements, a visit was made in the company of the Engineer and Surveyor to a treatment plant operated by the Bedford R.D.C. This proved to be of some considerable value and formed the basis of a scheme which was submitted to the Council for approval during the year. This would involve the installation of a holding tank at one or more of the larger sewage disposal works from which the contents could be pumped at a controlled low rate into the main inlet for treatment with the normal in-flow of domestic sewage. A careful survey would have to be kept of the effect of this material on the general functioning of the works, and, if necessary, some form of filtration and additional aeration might have to be incorporated in the system. It was anticipated that such a plant could be installed at the Littleport Sewage Works at an approximate cost of £700. Approval was given to this scheme and preparatory work was in hand at the end of the year.

Ely Urban District Council

During the calendar year 1969, approximately 700 yards of sewer were replaced in Lynn Road thus removing the cause of frequent flooding of private property as a result of the old over loaded sewer; a tender was accepted and work begun on the main

drainage scheme for the village of Prickwillow including a new sewage works; tenders were received for the construction of main drainage scheme for the village of Queen Adelaide with the intention that work should begin on this scheme in 1970.

The main sewage disposal works at Willow Walk, Ely continued to give satisfactory results. Because of the unsatisfactory effluent from the small sewage treatment plant at Kingdom Avenue, Prickwillow a cesspool tanker has been used frequently to remove the contents. This works will become redundant on completion of the Prickwillow Main Drainage Scheme. Mechanical screen raking equipment was ordered for the main sewage works, but will not be delivered until 1970.

The Council's controlled refuse tip has some three to four years life left and it will soon be necessary to look for another site or an alternative means of disposal.

Newmarket Rural District Council

Swaffham Prior and Reach Scheme Approximately 75% of dwellings on the line of the new sewer are now connected.

Kirtling Scheme This scheme is now completed, the sewage plant is operational and connections are being carried out.

Ashley, Cheveley and Woodditton Scheme The design is now being finalised and it is anticipated that work will commence in 1970.

Soham Fringe Areas Tender documents are being prepared and work will commence in early 1970.

Wicken and Upware Scheme This scheme has been submitted to the Ministry and work should commence late in 1970.

March Urban District Council

During 1969 two new private estate developments were begun and necessitated the following works:- 150 yds. of 9" sewers, 40 yds. of 9" surface water sewers and 75 yds. of 12" surface water sewers at Cavalry Barn estate, (50 dwellings first phase) Upwell Road, and a further length of 80 yds. of 6" foul sewers at Richmond Avenue (12 dwellings) off Burrowmoor Road.

South Cambridgeshire Rural District Council

Sewerage works in the Hinxton and Ickleton parishes are nearing completion and by the late spring drainage connections will be permitted thereto.

The scheme for Barrington and Orwell is making good progress and it is anticipated that the Barrington sewer will be finished in July and Orwell in the autumn.

The joint scheme for Steeple Morden and Guilden Morden has been completed.

The small parish of Tadlow is being sewered and this should be completed together with its aerated type sewage works by early summer. It is envisaged that this date will also see the completion of the extension to the Melbourn sewage works.

The extension of Linton sewage works together with the sewerage of the adjacent parishes of Hildersham, Lt. Abington and Gt. Abington is likely to be under-way by June time.

Proposals for the sewerage of the parishes of Lt. Eversden and Gt. Eversden with treatment being effected at the sewage works situated within Chesterton R.D.C. is at present awaiting Ministry approval.

A draft scheme for sewerage of the small parish of Kingston has received Council approval.

The combined sewerage scheme for the parishes of West Wickham and Horseheath is at present being considered by the Ministry of Housing and Local Government.

Negotiations for land purchase for pumping installations in connection with the Shudy Camps and Castle Camps scheme are in hand.

Proposals in respect of the project for the parish in Whaddon are in plan stage.

To facilitate the adequate disposal of sewage sludge from the Sawston sewage works, Council has decided to install a sludge press, which will to a great degree remove the liquid content from the sludge and make it capable of easier handling. The proposal has been approved in principle by the Ministry.

Whittlesey Urban District Council

The Council's Consultants, Messrs. G.B. Kershaw & Kaufman, were making final preparations for the laying of sewers, enlargement of existing pumping stations and provision of one new pumping station to sewer land being developed for housing by private contractors. In addition the scheme includes for the first part of a two stage extension to the disposal works.

Wisbech Municipal Borough Council

Two-thirds of the built up parts of the town are provided with public sewers. Disposal of the sewage is by lagoons on silt land except that the area is grossly inadequate resulting in constant use of storm water installations. The outlet from the latter pours concentrated sewage into the River Nene.

In 1967 I reported details of agreements reached between the Borough Council and two neighbouring Rural District Councils as follows:-

- a) To provide an up-to-date sewage disposal plant, in addition to the existing sewage farm, to treat sewage from all the built up part of the Borough together with neighbouring parishes from the rural districts;
- b) To provide sewers in the remaining third position of the built up area of the town.

During the year agreement was reached on the siting of the proposed new works and planning permission was obtained for the use of the land as sewage treatment works. A Ministry Inquiry was held during the month of October but no decision had been issued by the year end.

As a result of constant complaints from residents of the North Brink area and the overloading of the sewer on Chapel Road caused by the emptying of cesspool contents into this length of sewer, alternative arrangements were made and the cesspool emptying vehicles now discharge at a purpose made discharge point near the pumping station on Lynn Road. This has proved to be a distinct improvement and no complaints have been received by the Health Department regarding this process.

The charge for cesspool emptying was increased from 4/0d to 10/0d. Where a sewer is available the cost is now £2.14.0d.

Wisbech Rural District Council

During 1969 little progress was made in the scheme for sewage in the villages in the rural district, the acquisition of sites for pumping stations was completed, and there was a Ministry enquiry as to the necessity to have the whole scheme. Considering the Ministry in the beginning had urged the Rural District Council to go ahead with this affair, it was a little frustrating. Needless to say, we have still had no word from the Ministry.

During 1970 the Engineers have requested authority to spend several thousands of pounds on analysis of the sub-soil by the sinking of thirty-six bore holes throughout the area.

NATIONAL HEALTH SERVICE ACT, 1946

Section 21	Health Centres
22	Care of Mothers and Young Children
23	Midwives Service
24	Health Visiting
25	Home Nursing
26	Vaccination and Immunisation
27	Ambulance Service
28	Prevention of Illness, Care and After-Care (Including Mental Health Services)
29	Home Help Service

SECTION 21 HEALTH CENTRES

Last year's report made brief mention of the progress made towards the establishment of four health centres, then in course of construction, and it is most gratifying to report that these centres at March, Sawston, Littleport and Whittlesey were, in fact, completed and fully operational by the end of 1969.

The term health centre appears to produce varying concepts in the public mind. The most frequent definition used is that a health centre is a place where two, or more, parts of the health services operate together. The first description of the design and function of a health centre was contained in the first report of the Consultative Council on Medical and Allied Services (the Dawson Report) published in 1920. This consultative council, which was sponsored by the Government, defined a health centre as "an institution wherein are brought together various medical services, preventive and curative, so as to form one organisation". Perhaps it would be apposite to say that a health centre is a building which should accommodate a family doctor service, supported by the nursing, health educational and other supporting services of the local health and education authorities and the specialist services of the hospitals.

The health centres were opened on the following dates:

March	31st March 1969
Sawston	5th May 1969
Littleport	27th November 1969
Whittlesey	1st December 1969

All centres provide in common with one another, fully equipped suites comprising a consulting room and separate examination room for each of the family doctors, together with a supporting treatment room and secretariat, and accommodation for local authority activities including health education, speech therapy, educational psychology, audiometry, child health, chiropody clinics, school dental service - which incorporates treatment for expectant mothers. There is also provision for joint hospital/local authority activities - psychiatric out-patients and physiotherapy/mothercraft classes. Some details of these services at the separate centres are given below.

The planning of health centres has been a stimulating and satisfying exercise. Maximum co-operation has been obtained from the National Health Service Executive Council, and from their Clerk, Mr. Frank Lloyd. The planning process has included full consultation with the general practitioners and other staff, both in the design of the centres and their equipping. No standard list of equipment has been provided at any particular health centre; since the general practitioners are the ones who have to make their part of the building function, all their requests for particular types and makes of equipment, which have been reasonable, have been met.

As a result of this level of co-operation and team work the designing, opening and commissioning of the health centres has followed a smooth progression.

Accompanying this annual report is a brochure giving details of the four health centres opened in 1969.

In all the centres the following services are provided:-

- Audiometry
- Cervical Cytology
- Child Health Clinic
- Dental Service for School Children, Pre-school children, Expectant and Nursing mothers.
- Family Doctor Service
- Health Education
- Immunisation and Vaccination
- Relaxation and Mothercraft Classes
- Speech Therapy.

A particular aspect in the planning and designing of the health centres has been that the County Architect or his representative has been a full member of the local authority team with the general practitioner from the start.

MARCH HEALTH CENTRE

The Centre is built on the site of Oakwood House which was, for a number of years, used as a Youth Centre and was transferred from the Education Committee to the Health Committee.

It is situated in the quiet residential area of West End and over looks the River Nene and pleasant meadows beyond. Access is gained from both Marylebone Road which runs north into the main March/Wisbech Road and also from West End, which provides immediate ready access to the town shopping centre and main bus park.

The construction is a blend of traditional load bearing brick and reinforced concrete. The roof over the health education area is of particular interest and is built in the form of a reinforced concrete hyperbolic paraboloid.

Population served	...	...	...	...	13,800
Number of General Medical Practitioner					
Suites working in two practices	...				5

ADDITIONAL SERVICES to those generally provided:

- Family Planning Clinic
- Medical Loan equipment
- Clinic for Mentally Sub-normal
- Mental Welfare Officer Consulting Sessions
- Psychiatric Out-Patient Clinic
- Registrar of Births and Deaths
- Chiropody - It is hoped to start this later

SAWSTON HEALTH CENTRE

This centre is pleasantly sited in Link Road, off the main village street and opposite the new primary school. It is readily approached from the main village shops.

The construction is a proprietary industrialised system which is complementary to the County Junior School on the opposite side of the road.

Population served	...	...	...	...	8,000
Number of General Medical Practitioner					
Suites	...	...	...	...	4

ADDITIONAL SERVICES to those generally provided:

- Ante-Natal Sessions
- Chiropody
- Dental Service for National Health Service Patients
- Family Planning

An interesting and important development at this centre is that one of the dental surgeries has been rented, on a sessional basis, to a private practice of dentists working in the National Health Service and providing a full range of treatment to the public, in addition to services provided for school children, by the Council's dental staff.

LITTLEPORT HEALTH CENTRE

This centre is situated in one of the main shopping streets and is an admirable example of the new fitting in with the old, as will be seen from the photograph.

This health centre has been built using the Anglian Standing conference rationalised traditional form of construction based upon dimensionally co-ordinated standard details.

Population served	...	...	...	...	7,900
Number of general medical practitioner					
suites	...	...	...	...	2
with an additional practitioner using the accommodation more specifically allocated for use by the Council's medical staff.					

ADDITIONAL SERVICES to those generally provided:

- Ante-Natal Sessions
- Chiropody
- Mental Welfare Officer Consulting Sessions
- British Red Cross Society:-
 - Cadet Group Meetings
 - Medical loan equipment
- Family Planning Clinic

JENNER HEALTH CENTRE, WHITTLESEY

This Centre is sited in Turner's Lane and has quick access to the nearby main shopping area of the town. It is immediately opposite the Authority's Aliwal Manor Old Persons Home and the mature trees and pastures surrounding this area, provide a very pleasant environment for doctors, staff and patients alike.

This health centre has been built using the Anglian Standing conference rationalised traditional form of construction based upon dimensionally

co-ordinated standard details.

Population served	...	...	...	11,000
Number of General Medical Practitioner				
Suites	...	...	...	4

ADDITIONAL SERVICES

Ante-Natal Sessions
Eye Clinic for School Children and Pre-school Children
Mental Welfare Officer Consulting Sessions
Chiropody - It is hoped to start this later

The County Council has fully justified the responsibility placed upon them to provide health centres where required: the four health centres completed in 1969 have been constructed to a high standard and equipped to meet the needs of present day general practice; included in the diagnostic equipment are such items as E.C.G. machines, haemoglobinometers, centrifuges, microscopes and audiometers: modern facilities have been provided to enable the clerical staff to supply the doctors and their patients with speedy and efficient supporting services.

During June, the Under Secretary of State, Mr. Julian Snow, M.P., toured health service establishments within the Eastern Region and it was gratifying to learn that he proposed visiting our new Centre at Sawston and following upon this visit, Mr. Snow commented that this was one of the finest Centres he had at that time had the opportunity of visiting and was most impressed by all that he saw. Later, the Chief Medical Officer of the Department of Health and Social Security commented in a letter as follows:- "It is indeed a remarkable achievement to have opened four health centres in your County during 1969. This must be about a twelfth of the health centre provision in the whole country in that period. For a County with 1/150th of the population of England that is a very considerable achievement. What is more you have housed about 1/8th of your general practitioners in health centres in that time."

It may be possible later to carry out a survey into the patient reaction to these centres as opposed to attendance at their doctor's previous surgeries but, so far as this can be assessed from day to day contact by members of staff of the Department in the Centres, this overall reaction would be favourable.

HEALTH CENTRE MANAGEMENT

The staffing of centres insofar as the general practitioners are concerned has been achieved by the doctors bringing in their own secretarial and reception staff and this certainly is an expediency of great value. However, with the experience gained to day in mind, some thought is being given to the appointment by the Authority of additional centre staff - the cost of such staff would be allocated to the various practices on a pro rata basis and it might well be that this will be the future pattern, if the doctors themselves feel that they would prefer that staff be gradually appointed to the Authority's staff, with the advantages of nationally agreed salaries and conditions of service. The general day to day running of the centres has been accepted as the responsibility of the Authority and although no regular pattern has been laid down, generally speaking, the senior clerk and the telephonist at each Centre are County Council staff. However, at one centre, the day to day running has been delegated to the nursing sister, who is primarily employed by the doctors and, at another centre, the County Council took on to their staff, the two secretary/receptionists already employed by the practice and the cost of their salaries has been apportioned by agreement between the doctors and the Authority.

I think the experience gained over this limited period tends to point to the need for an extensive staff training scheme for the secretarial/reception staff of centres in the future, as although those centres at present operating are staffed by competent, efficient and willing personnel, it is apparent that the demands being made upon them by an ever-demanding public will increase and the qualifications for these staff will need to include perhaps some introduction into human psychology.

FUTURE CENTRES

The centre at Ely is under way and building operation started late in the year and, it is expected that it will be functioning at the end of 1970 or early 1971. Similarly with Soham, where work towards commencement of building was well advanced by the end of the year. A health centre is also proposed for the new village of Bar Hill and it is expected that work will start during the year 1971/72.

Developmental Paediatrics

A day release course in developmental paediatrics was organised by the Post Graduate Medical School, Cambridge, in conjunction with the County Health Department. Dr. Eileen Brereton, late Senior Medical Officer with the Authority, undertook a great part of the organisation of the course, which was held on ten Wednesdays between April 23rd and June 25th and was open to general practitioners, particularly those undertaking child health clinics, and public health medical officers. The course was a great success, and was attended by more than thirty doctors from the East Anglian Region. At the time of writing Dr. Brereton is concluding arrangements with the Post Graduate Medical School for a further course to be held in 1970.

The following ante-natal and post-natal clinics were held in 1969:

Combined ante-natal and post-natal clinics

- Ely Clinic held twice monthly by one practice of general practitioners and attended by midwives.
- March Clinics held by general practitioners at the March Maternity Home. Weekly consultant's clinic held for both domiciliary and Maternity Home cases. No domiciliary midwife available to attend at the end of 1969.

Littleport Weekly combined general practitioner and midwives clinic.

Ante-natal clinics

- Whittlesey Weekly clinics held, on separate days, by two firms of general practitioners assisted by midwives.
- Wisbech Weekly clinic attended by midwives only.

In addition midwives also attended ante-natal clinics held by general practitioners in their surgeries.

A further increase was noted in the proportion of confinements of residents in the County area taking place in hospital. In 1969 85% of such confinements were in hospitals (81% in 1968, 80% in 1967). Of the remainder, 446 were booked with their general practitioner and 17 were not.

The organised mothercraft and relaxation classes in the County area continued to be well attended, 773 women making 3,172 attendances.

The number of pre-school clinics in the County area (54) remained unchanged in 1969. One clinic, Guyhirn, was closed during the year because of a falling-off in attendances, while to meet an increase in demand and to relieve pressure on the Swavesey clinic one was opened at Over. The opening of the Health Centres at Littleport, March, Sawston and Whittlesey during 1969 enabled the four pre-school clinics to be transferred from rented accommodation to modern purpose built premises. The Great Shelford clinic was also transferred from a rented hall to adapted accommodation at Abberley House, Great Shelford.

The following tables give the locations of clinics in the administrative county and furnish some details of the work done.

City of Cambridge Ante-Natal Mothercraft and Relaxation Classes

1	Number of women who attended during the year	(a)	Institutional booked	88
		(b)	Domiciliary booked	70
		(c)	Total	158
2	Total number of attendances during the year			579

City of Cambridge child health centres

Clinic		Day and Time held	
Auckland Road	C.H.C.	Tuesday	p.m.
Auckland Road	Toddler	Friday (once monthly)	p.m.
Castle Street	C.H.C.	Tuesday	a.m.
Castle Street	C.H.C.	Tuesday	p.m.
Cherry Hinton	C.H.C.	Monday	p.m.
Cherry Hinton	C.H.C.	Thursday	p.m.
Cherry Hinton	Toddler	Friday (once monthly)	a.m.
Chesterton	C.H.C.	Thursday	a.m.
Chesterton	C.H.C.	Thursday	p.m.
Chesterton	Toddler	Friday (once monthly)	p.m.
East Barnwell	Toddler	Monday (once monthly)	p.m.
East Barnwell	C.H.C.	Thursday	p.m.
Kingsway	Toddler	Monday (once monthly)	a.m.
Kingsway	C.H.C.	Monday	p.m.
Kingsway	C.H.C.	Tuesday	a.m.
Newnham	C.H.C.	Wednesday (once monthly)	p.m.
Norwich Street	C.H.C.	Wednesday	a.m.
Romsey	Toddler	Monday (once monthly)	p.m.
Romsey	C.H.C.	Wednesday	p.m.
Romsey	C.H.C.	Thursday	a.m.
Trumpington	C.H.C.	Monday (twice monthly)	p.m.

City of Cambridge child health centre attendances

Number of children who attended during the year				Number of sessions held by				Total number of sessions in columns (5)-(8)	Number of children referred elsewhere	Number of children on "at risk" register at end of year
Born in 1969	Born in 1968	Born in 1964 to 1967	Total	Medical Officers	Health Visitors	G.P.s employed on a sessional basis	Hospital medical staff			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
927	933	1,013	2,873	449	277	-	-	726	76	670

County area ante-natal mothercraft and relaxation classes

1	Number of women who attended during the year	(a)	Institutional booked	583
		(b)	Domiciliary booked	190
		(c)	Total	773
2	Total number of attendances during the year			3,172

County area child health centres

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1st	Gt.Shelford	Bottisham Comberton Harston Littleport Milton Whittlesey	Bassingbourn Cheveley Fulbourn Parson Drove Wisbech	Bar Hill Dullingham Ely March Newton nr.Wisbech Sawston Swavesey	Chatteris Isleham Melbourn Wisbech
2nd	Gt.Shelford	Barrington Burwell Doddington Haddenham Leverington Littleport Manea Soham Sutton (Quarterly) Whittlesey	Cottenham Fulbourn Histon Prickwillow Toft Wisbech	Ely Haslingfield Toddlers' Clinic (Quarterly) March Sawston Waterbeach Willingham Wisbech St.Mary	Chatteris Wisbech
3rd	Gt.Shelford	Bottisham Comberton Haslingfield Littleport Milton Whittlesey	Bassingbourn Duxford a.m.H.V.only p.m.doctor Fulbourn Wisbech	Balsham Coates Ely Gamlingay March Over Sawston Wilbraham	Chatteris Fordham Linton Melbourn Wisbech
4th	Christchurch Gt.Shelford	Burwell Doddington Fowlmere (always last week) Haddenham Littleport Manea Soham Sutton Whittlesey	Black Horse Drove Bourn (always last week) Elm and Fri- daybridge Histon Little Downham Wisbech	Ely Gt.Abington (always last week) March Sawston Swavesey	Chatteris Wisbech
5th	Gt.Shelford	Littleport Whittlesey	Wisbech Girton /	Ely March Sawston Steeple Morden †	Chatteris Wisbech

/ Alternate Wednesdays with effect from 7th January, 1970.

† Alternate Thursdays with effect from 8th January, 1970.

County area child health centre attendances

CENTRES	Number of children who attended during the year			Number of sessions held during year
	Born in 1969	Born in 1968	Born in 1964-67	
Balsham	31	40	31	11
Barrington	24	14	52	12
Bassingbourn	33	36	49	24
Black Horse Drove	4	5	6	10
Bottisham	26	35	28	13
Bourn	23	17	16	12
Burwell	68	49	55	24
Chatteris	69	72	190	50
Cheveley	15	18	31	12
Christchurch	19	12	29	12
Coates	4	11	34	20
Comberton	66	92	126	23
Cottenham	33	38	22	11
Doddington	9	14	25	12
Dullingham	31	26	73	12
Duxford	36	48	33	24
Elm	26	26	49	12
Ely	109	69	41	56
Fordham	38	29	19	12
Fowlmere	23	19	22	12
Fulbourn	64	69	69	36
Gamlingay	36	38	33	12
Girton	42	48	114	25
Gt. Abington	6	15	23	12
Gt. Shelford	85	97	79	47
Haddenham	22	67	26	24
Harston	16	17	17	12
Haslingfield	28	19	77	14
Histon	41	57	108	24
Isleham	18	13	22	12
Leverington	7	20	32	12
Linton	47	13	39	12
Lt. Downham	14	4	13	11
Littleport	65	83	44	49
Manea	14	9	3	24
March	181	79	58	88
Melbourn	66	61	66	22
Milton	30	47	52	24
Newton, Nr. Wisbech	11	15	23	12
Over	1	9	7	2
Parson Drove	5	12	19	9
Prickwillow	2	6	15	12
Sawston	126	59	71	51
Soham	43	49	43	24
Steeple Morden	32	30	52	25
Sutton	27	31	76	14
Swavesey	59	76	86	23
Toft	18	16	12	12
Waterbeach	58	50	14	12
Whittlesey	90	21	135	51
Wilbraham	6	9	8	12
Willingham	36	40	35	12
Wisbech	198	240	214	104
Wisbech St. Mary	5	14	19	12

Premature Infants

The following tables give particulars of premature live and still births in the Administrative County.

The total number of premature live births, 245 represents a rate of 55.7 per 1,000 live births as against a rate of 51.1 per 1,000 for 1968, and 60.9 for 1967.

Premature Infants - City of Cambridge

Premature live births														
Weight at Birth	Born in Hospital				Born at home or in a Nursing Home				Premature Stillbirths					
	Born in Hospital				Nursed entirely at home or in a Nursing Home				Transferred to Hospital on or before 28th day					
	Total Births (1)	Within 24 hours (2)	Died		Total Births (5)	Died			Total Births (9)	Died				
			of births	In 1 and under 7 days (3)		In 7 and under 28 days (4)	Within 24 hours of birth (6)	In 1 and under 7 days (7)		In 7 and under 28 days (8)	Within 24 hours of birth (10)	In 1 and under 7 days (11)	In 7 and under 28 days (12)	In Hospital (13)
1. 2 lb 3 oz or less														
2. Over 2 lb 3 oz up to and including 3 lb 4 oz	5	2	1											
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	15		1										3	
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	15												1	
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	23							3						
6. Total	58	2	2					3						4

Premature Infants - County Area

Weight at Birth	Premature live births													
	Born in Hospital				Nursed entirely at home or in a Nursing Home				Transferred to Hospital on or before 28th day				Premature Stillbirths	
	Born in Hospital				Nursed entirely at home or in a Nursing Home				Transferred to Hospital on or before 28th day				Premature Stillbirths	
	Total Births (1)	Within 24 hours of birth (2)	In 1 and under 7 days (3)	In 7 and under 28 days (4)	Total Births (5)	Within 24 hours of birth (6)	In 1 and under 7 days (7)	In 7 and under 28 days (8)	Total Births (9)	Within 24 hours of birth (10)	In 1 and under 7 days (11)	In 7 and under 28 days (12)	In Hospital (13)	At home or in a Nursing Home (14)
1. 2 lb 3 oz or less	5	3	2										2	1
2. Over 2 lb 3 oz up to and including 3 lb 4 oz	12	4	2	1					1				2	2
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	39	2	5	2									1	
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	42	4		1									2	
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	75		1		7				1				3	
6. Total	175	14*	11*	4	7				2				10	3

* includes one not weighed

Dental Treatment of Expectant and Nursing Mothers and Young Children

The dental services for young children and expectant and nursing mothers are provided by the School Dental Service, and reference should be made to the report of the Principal School Medical Officer, page 72.

Details of attendance and treatment for these priority groups are given below.

COUNTY AREA

Part A. Attendances and Treatment

Number of Visits for Treatment During Year	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	194	117
Subsequent Visits	219	236
Total Visits	413	353
Number of additional Courses of Treatment other than the First Course commenced during year	18	3
Treatment provided during the year		
Number of Fillings	217	151
Teeth Filled	194	143
Teeth Extracted	180	140
General Anaesthetics Given	68	22
Emergency Visits by Patients	36	22
Patients X-rayed	12	17
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)	57	143
Teeth Otherwise Conserved	20	-
Teeth Root Filled	-	2
Inlays	-	-
Crowns	-	-
Number of Courses of Treatment Completed during the Year	156	71

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	7
Patients Supplied with Other Dentures	17
Number of Dentures Supplied	25

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers	2
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Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given first Inspection During Year	A. 385	D. 112
Number of Patients in A and D above who required Treatment	B. 182	E. 100
Number of Patients in B and E above who were offered Treatment	C. 165	F. 100

Part E. Sessions

Number of Dental Officers Sessions (i.e. Equivalent Complete
Half Days) Devoted to Maternity and Child Welfare Patients:

For Treatment	251
For Health Education	10

CITY OF CAMBRIDGE

Part A. Attendances and Treatment

Number of Visits for Treatment During Year	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	197	36
Subsequent Visits	276	65
Total Visits	473	101
Number of Additional Courses of Treatment other than the First Course commenced during year	21	3
Treatment provided during the year		
Number of Fillings	202	62
Teeth Filled	172	58
Teeth Extracted	83	22
General Anaesthetics given	39	5
Emergency Visits by Patients	25	4
Patients X-rayed	6	4
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)	36	9
Teeth Otherwise Conserved	-	-
Teeth Root Filled	-	-
Inlays	-	-
Crowns	-	-
Number of Courses of Treatment Completed during the Year	123	19

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	-
Patients Supplied with Other Dentures	3
Number of Dentures Supplied	3

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers -

Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspection During Year	A. 190	D. 27
Number of Patients in A and D above who required Treatment	B. 152	E. 24
Number of Patients in B and E above who were offered Treatment	C. 149	F. 24

Part E. Sessions

Number of Dental Officer Sessions (i.e. Equivalent Complete
Half Days) Devoted to Maternity and Child Welfare Patients:

For Treatment	20
For Health Education	-

Distribution of Welfare Foods

Welfare foods continued to be made available at various distribution points throughout the County such as health centres, child health clinics, shops and private houses. In the majority of cases the work of distribution was carried out by volunteers whose very valuable aid was much appreciated.

The gradual decline in the demand for national dried milk and cod liver oil, which has been noted for some years, continued in 1969. There was however a sharp rise in the issue of orange juice.

Welfare foods

	Total Issued	
	1969	1968
National Dried Milk (Tins)	12,831	13,735
Cod Liver Oil (Bottles)	2,762	3,153
A & D Tablets (Packets)	4,065	4,022
Orange Juice (Bottles)	78,974	70,411

Day Nurseries

The local health authority provides a day nursery in the City of Cambridge, and the following table gives details of attendance.

Number of Places at end of Year	Average Daily Attendance during Year	Number of Children on Register at end of Year	No. of priority children on wait- ing list at end of year
40 full time 3 part time	32 full time 2 part time	43 full time 3 part time	22

Nurseries and Child Minders Regulation Act, 1948, as amended by Section 60 of the Health Services and Public Health Act, 1968.

The amendments to the Nurseries and Child Minders Regulation Act came into force on 1st November, 1968. From that date the scope of the Act was extended to include premises in which children are received for a total of two hours or more in the day, and persons who in their own homes and for reward look after one or more children, to whom they are not related, for similar periods. The maximum penalties for offences under the Act were increased, and the Authority's power to make requirements as a condition of registration was extended.

There was, as a result of these amendments, a considerable increase in applications for registration during 1969. Of the new registrations of persons during the year, 65 were considered to be as a direct result of the amendments to the Act. The number of new registrations does not accurately reflect the additional work imposed on the department. Many enquiries were dealt with in which formal application was not made, for one reason or another, and in some cases applications were withdrawn when the conditions for registration were explained.

Registration of Persons and Premises under Section 1 of Nurseries and Child Minders Regulation Act, 1948				
	Premises	Children Permitted	Persons	Children Permitted
as at 31.12.65	23	413	17	135
31.12.68	41	828	42	368
31.12.69	49	997	114	522

In the early part of the year a booklet was produced in the department for the guidance of applicants for registration under the Act. Copies were also sent to all the registered groups in the County area.

In the Autumn, the annual course for child minders and staffs of day nurseries was held, some 80 people attending. The value of such courses, with the growing number of play groups, is self-evident, and the number attending increases each year. Comment on the course can be found in the Health Education Officer's report on page 43.

Congenital Abnormalities

There was no change during 1969 in the scheme for the notification of congenital abnormalities observable at birth, malformations being reported to the health department on the notification of birth form.

Information on 68 notified cases was submitted to the General Register Office. The malformations can be summarised as follows:-

Central nervous system	16
Eye and ear	1
Alimentary system	10
Heart and circulatory system	2
Respiratory system	2
Urino-genital system	6
Limbs	33
Other parts of musculo-skeletal system	2
Other systems	9
Other malformations	1

In some cases more than one malformation was observed.

Observation Register

The development of a combined birth register and observation register was started in 1969, with the object of simplifying the supervision of pre-school children known to have handicapping conditions and the observation of children "at risk". At the end of 1969 there were 1,250 children considered to be "at risk".

During 1969 Health Visitors carried out screening tests of hearing on 1,034 seven month old children considered to be at risk; of this number 11 appeared to have hearing defects and were referred for further investigation.

Services for Children with Impaired Hearing

A full account of the services for the ascertainment, training and education of the deaf can be found in my Annual Report for 1967.

Mr. J.L. Holmes, Senior Teacher of the Deaf, has submitted the following report:-

"1. Statistics of Work Load

Permanent Case Load	Total No. of cases referred	Referred on for E.N.T. treatment	For Hearing Assessment Clinic	For follow up at school by Peripatetic Staff	Issued with Hearing Aid	Referred to Speech Therapist Educational Psychologist etc.
73	198	36	24	71	11	14

+ 21
in P.H.U.s.

These figures show an increased referral rate compared with 1968 (155 referred) and it appears that this expansion in the work load is to continue.

2. Staffing and Partially Hearing Unit at March

Miss M. Brown was seconded to train as Teacher of the Deaf at Oxford. Mrs. J. Allison B.A. resigned on August 31st 1969 and Mr. J.E. Williams M.A. resigned on October 31st 1969.

Mr. D. Whitcombe was appointed as Teacher in Charge of the Partially Hearing Unit at the South District Infants School, March, when it opened on September 9th 1969 with 8 infant and junior deaf and partially hearing children. The number was increased to 9 later in the term.

The Unit provides education for suitable partially-hearing children and some deaf children in the Northern part of the County. It provides for the 5 - 11 age group at present but this will need to be extended to the 11 - 16 age group as the children move up. The aim of the Unit is to encourage these handicapped children to integrate into the normal school. This is a slow process but a most encouraging start has been made with the sympathetic help of the Heads and their staffs in both the South District Infants School and the Burrowmoor Rd. Junior School.

It is hoped that all classrooms in the two schools will be equipped with loop-induction systems to aid the individual deaf children to follow oral lessons with their hearing peers. A start has already been made on this. Loops were incorporated in the building of the new hall and classrooms of the Infants School and are being used with some success.

The peripatetic work in the County area has suffered greatly through lack of staff and only top priority children are being seen with any regularity. This is a state of affairs that ought not to continue.

3. Hearing Assessment Clinic

This is held fortnightly at Cherry Hinton Hall under the supervision of Mr. G.E. Mann, F.R.C.S. (Consultant E.N.T. Surgeon at Addenbrooke's Hospital and Consultant to the County and City Health Departments). The work here has increased steadily over the year and 10 children are now dealt with per session.

All hearing impaired children in the County and City are seen at least once per year together with new cases referred for assessment. Educational placement is discussed with parents and teachers present and recommendations made. This has certainly helped to ensure that the Units are efficiently used and that only children who are going to benefit are accepted for this specific educational treatment.

The new Partially Hearing Unit at Coleridge Secondary School opened with one child on September 9th 1969. This will slowly expand as the children move out of the Primary system. Mr. D. Dennis is the appointed Teacher in Charge.

4. Peripatetic Work

Owing to staffing shortage only pre-school cases have been regularly visited. Nevertheless advisory work has gone on in local Schools in the County. City pre-school cases have also been seen. Work has also been done in the following establishments - Rees Thomas School (formerly Hawkins Rd Junior Training Centre), Meldreth Training School (Spastics Society), Palace School, Ely (Red Cross), Littleton House E.S.N. School and The Manor School at Wilburton (E.S.N.).

5. Residential Schools and Employment

All residential school children were visited at least once during the year at home during holidays. A visit was made to the Needwood School for partially hearing children, Burton-on-Trent.

It is now normal practice for a Teacher of the Deaf to be present at preliminary interviews by the Careers Officers to help with interpreting and to help with general liaison matters. This has developed to the stage where a member of staff will take boys and girls to interview with potential employers and if necessary to help with further education placement. Follow up work for deaf children at further educational establishments is also carried out.

6. Lectures and talks etc.

I was pleased to lecture to the "Developmental Paediatrics" course on Auditory Training and educational methods in dealing with young deaf children. A lecture was also given to the Ely Branch of the Royal College of Midwives on the work of the service. A number of evening talks were given to various groups.

In conclusion it would seem that the County and City areas are now well served by the establishment and maintenance of varied services, both medical and educational, for hearing impaired children."

Service for the detection of children suffering from Phenylketonuria

Towards the end of 1968 the question of a regional service for the examination of blood samples by the Guthrie Test for the detection of Phenylketonuria had been discussed at meetings of the Medical Officers of Health Advisory Committee to the East Anglian Regional Hospital Board, and the necessary laboratory facilities were offered at the Ida Darwin Hospital. This Authority's scheme for the collection of blood samples commenced in June 1969, and the full regional scheme early in 1970.

Care of the Unmarried Mother

The arrangements for the care of the unmarried mother continued to be undertaken on an agency basis by the Ely Diocesan Association for Social and Moral Welfare, who maintain a mother and baby home in the City of Cambridge, the Cambridge Association for Social Welfare and the Wisbech and District Society for Social Service.

Grants towards the cost of maintenance in mother and baby homes were made in 9 cases. Applications for this type of assistance have fallen off steadily over the last three or four years.

Child Psychiatric Service

The arrangements for the referral of cases to the Child Psychiatric Service remained unchanged. Dr. R. Glennie and Dr. A. Gage, Consultant Child Psychiatrists, held clinics at the Child Psychiatric Clinic, Brookside, Cambridge, and at Addenbrooke's Hospital. Similarly, Dr. B.F. Whitehead, the Consultant Child Psychiatrist based at Peterborough Memorial Hospital, continued to see children referred to him from the northern part of the County.

Weekly liaison meetings in the Cambridge area were continued and were attended by medical officers from both City and County Health Departments. These meetings are considered invaluable in establishing the closest relationship between the various people in the many disciplines working with the children and their families.

The general practitioners have, as in the past, been kept fully informed on all matters relating to their patients.

The reports of the consultant child psychiatrists, together with detailed statistics, appear in the report of the Principal School Medical Officer.

SECTIONS 23, 24 AND 25

MIDWIVES SERVICE, HEALTH VISITING, AND HOME NURSING

The nursing and health visiting services in the County area have, since the amalgamation of the Counties of Cambridgeshire and Isle of Ely in 1965, been administered on the pattern that existed in the two areas before amalgamation. In the Southern part of the County these were directly administered by the local health authority under the supervision of a County Nursing Officer based in Cambridge, a situation obtaining in Cambridgeshire since 1948.

The health visitors in the Northern area were employed directly by the Authority while the nurses and midwives were provided by the Isle of Ely Nursing Association acting on an agency basis. The County Nursing Officer, employed by the local health authority, was based at March.

As reported in my Annual Report for 1968, after considerable discussion on its future role the Isle of Ely Nursing Association, at its meeting on May 28th, 1968, resolved that the arrangements between the County Council and the Association be terminated on 31st March, 1969. From 1st April 1969, therefore, the whole county was covered by a service directly provided by the local health authority.

Until August the actual administrative arrangements remained unchanged, the service being under the day to day control of County Nursing Officers based at Cambridge and March.

Miss G.M. Sanders, County Nursing Officer for the Northern part of the County, retired on August 28th, after some fortyone years in the nursing services. She started her general nursing career in 1928, and held several public health nursing appointments before joining the Isle of Ely Nursing Association in 1946 as County Superintendent Nursing Officer, continuing in that capacity in the northern area of the new County formed in 1965. She was an extremely competent nursing administrator with exceptionally high standards, and proved a very popular person well known and highly regarded both by the population of the area she has served for twentytwo years and by her medical and lay colleagues. In January 1970 the very valuable services she has rendered to the community were recognised by the award of the M.B.E.

Consequent upon the retirement of Miss Sanders, the administrative arrangements for the nursing service were reviewed and the Health Committee approved the appointment of a Chief Nursing Officer for the whole of the County area. Mrs. S. Mee, County Nursing Officer for the southern part of the County, was appointed to this new post. She is supported by two Area Nursing Officers, one based at Cambridge and one at March.

The following is Mrs. Mee's report on the nursing, midwifery and health visiting services in 1969:-

" The following report is the first covering the public health nursing services for the whole of the new County area excluding the City of Cambridge.

In the Northern part of the County population dispersal differs from that in the South, some two thirds being in towns, whereas in the South the division between Cambridge and the rural area is virtually fifty/fifty.

It is also a fact that a higher than average proportion of highly experienced public health staff in the North were and are approaching retirement.

This fact, coupled with existing shortages in the field of midwifery and health visiting for the County as a whole, promised a fair modicum of difficulty, and that promise has already proved and will prove still further to be no empty one. The situation in both these fields is critical. Advertising appears to be a fruitless and expensive exercise. Demand continues to grow, while staff of the calibre required become fewer in number, or by virtue of marriage, available for less time. It requires no genius to arrive at the solution of employing less highly qualified women to undertake less skilled tasks, but in pursuing this path one inevitably reaches a point beyond which, if present day standards are to be maintained, it will be better not to go. One is thus faced with a choice between a service of expediency, or of no service at all, and in the light of possible eventualities the choice can present some difficulty.

In general terms it is evident that as the health service becomes more sophisticated 'do it yourself' in the population as a whole becomes less evident. Economic pressures which compel women to go out to work make a renaissance in this sphere unlikely in the foreseeable future. Increasing demand therefore seems inevitable.

The married woman has much to offer but too many are tied to particular times, too few have more than general training. Facilities for additional training are neither geared to nor placed for the convenience of the more mature woman who wishes to return to nursing. Much has been written about general practitioner attachment schemes; the concept is not new. Many of us who worked in the community services prior to 1948 did so in concert with our generalpractitioner colleagues and knew

the value of such an arrangement.

Individual attachment, or where facilities allow, team working with attachment of staff engaged in different disciplines and at different levels probably now holds out the greatest hope not only of a unified service, but of a better service geared to need on the one hand and technical skill on the other.

It is hoped to engineer such a team to include a Health Visitor, a State Registered Health Visiting Assistant, Midwife, District Nurse and Nursing Auxiliary, together with clerical help based on a Health Centre in the South of the County as soon as the staff situation allows.

Midwifery

In the field of midwifery, uncertainty as to the future in the matter of a career is not helping domiciliary recruitment. The pros and cons of hospital versus domiciliary delivery invariably come in for debate wherever midwives foregather, but the final analysis must surely rest on statistical evidence and this at the moment is heavily weighted in favour of the physical safety of hospitals.

There are however other aspects which must be considered. Hospitals have been criticised for their factory farming approach, while closure of wards because of sepsis or other infection is not unknown.

Lastly it is recognised today that ante-natal care in its widest sense is as important as the delivery itself, but are all women getting this? The pattern of care varies from hospital to hospital and few it seems can devote the time or space required to deal with the social and emotional needs of the mother, to listening and teaching as opposed to the purely mechanical techniques of caring for the pregnant woman.

In this latter field the domiciliary service, geared as it is to the individual rather than the mass approach, particularly excels.

Future training and planning of the midwifery services should be such as to ensure a continuance of the best of both worlds, possibly by interchange of staff as between the hospital and domiciliary field and by the expansion of ante-natal care and teaching to a prescribed standard to cover all mothers.

The system of early discharge continues to operate smoothly, the number of cases dealt with increasing yearly as the proportion of hospital deliveries increase. In 1969 discharges before the tenth day numbered 1,443 compared with 1,271 in 1968.

Health Visiting

Turning to health visiting, when considering the scope of the present-day well trained woman, the question left unanswered is 'How does she do it?' All too often with case loads running at their present level, she does'nt. For many years past it has been the practice of health departments up and down the country to add new duties such as family planning, cytology, health education and various screening procedures to existing ones in the field of Maternity, Child Welfare and School health, often without being able to attract additional staff.

The field of geriatrics alone consumes many, many hours of health visiting time and to this must be added time spent on behalf of general practitioners and in liaison with hospitals.

To retract from the time honoured practice of visiting all the 0-5 year olds would be to deal a mortal blow at the very foundations of the service as it stands today. It is assuredly during this period that the health visitor not only acquires her knowledge of the family from which she can judge deviations, but she is also laying the basis of all future relationships. Nevertheless every branch of health visiting is demanding of more and more time and we therefore have to consider whether all visiting needs to be undertaken by a qualified health visitor. A method of selective visiting in relation to children 0-5 has been widely followed for a number of years now, and it speaks volumes for the skills of the health visitors themselves that, in the main, those families most needing support appear to get it.

In dealing with the few however, what of the many, some of whom undoubtedly have problems? Has the time come for a re-appraisal of the aims and objects of this service, in short what must the health visitor do and what can be done by a less highly skilled worker?

District Nursing

District Nursing continues to reflect the needs of the elderly, although more variation is tending to creep in in those areas where General Practitioner attachment is in operation and where staff are helping to cover the work of the Health Centres.

Much of the work is however, of the type undemanding of the skills of the S.R.N. and where appropriate S.E.N.'s and auxiliaries are being or will be employed to ensure a balance between work needs and trained staff. Tables setting out numbers of visits etc., will be found elsewhere in this report.

Staff

The following sets out the staffing position at 31st December, 1969.

	<u>Whole- Time</u>	<u>Part- Time</u>	<u>Vacancies</u>
Health Visitors	21	4	11
S.R.N. Health Visitor Assistants	-	3	-
DN/M/HV	3	-	-
DN/M	18	-	-
Midwives	8	1	1
District Nurses	20	7	6
S.E.N.	1	1	-
Auxiliary	-	1	-
School Nurses	1	3	-
Other	-	1	-

Domiciliary midwifery cases again fell, the level of hospital deliveries for the County during the year being 85% (81% in the previous year).

This decrease has been in part due to shortage of domiciliary midwives whereby women from some areas have of necessity, rather than choice, been directed to hospital, returning home at 48 hours after delivery.

Two distinct trends are noticeable in younger applicants. Few are prepared to settle away from a centre offering a choice of social activity and secondly in the case of fairly recently qualified midwives there is reluctance to undertake nursing in addition to midwifery. These two factors militate against the staffing of those rural areas which comprise so large a part of this County. Deliveries apart, it is extremely difficult, if not impossible, to maintain in these circumstances an adequate ante-natal service, one of the most worrying aspects of the whole situation. Despite much advertising no response was forthcoming from married women either full or part time to undertake midwifery services in the North of the County and the overall situation can only be regarded as somewhat less than satisfactory.

Health visiting also has problems to offer. Despite every effort, by means of the Authority's assisted training scheme and by advertising, little, if any, headway can be made in obtaining a full complement of staff and in reducing the population case loads of health visitors in post, all of which are now running at 6,000 plus.

Three married S.R.N.'s are employed as part time assistants to health visitors and as suitable applicants come along this number will be considerably expanded.

General Practitioner Attachment Schemes now cover a wide area of the County as a whole, and vary in application, according to the differing needs of the practices concerned. Difficulty is caused in maintaining some of these however, because of shortage of staff in the fields most concerned.

Training

The Part II Midwifery School, run in conjunction with the United Cambridge Hospitals was continued in 1969. Thirtyfive student midwives took the course during the year and all were successful. As yet it has not been necessary to change the format of the training. A basis of exchange between City and County has so far assured a sufficient number of deliveries to meet students needs.

Students also now receive a somewhat expanded view of other related domiciliary needs and services during their district training by means of talks, visits and discussion.

Approval was given during 1968 to the foundation of a district nurse training area consisting of Cambridgeshire and Isle of Ely County Council and Huntingdon and Peterborough County Council. The first course was held between September 1968 and January 1969 at Abberley House, Great Shelford, and was attended by seventeen nurses, ten from this County and seven from Huntingdon and Peterborough. All were successful in the examination. The second course commenced at Abberley House in September 1969 with fifteen students, nine of whom were from this Authority.

Radio Telephones

During the year a further extension of radio telephones to midwives cars has

almost completed coverage, and the position as to similar provision for other nursing grades will now need to be looked at in relation to benefit versus expenditure.

Staff Co-operation

Other services, both statutory and voluntary, which have been the subject of more precise information in earlier years, continue to operate smoothly, adjustments being made as and where indicated. It is with great satisfaction that one reports Health Centres as proving a good focal point for differing disciplines to meet and discuss mutual problems. The completion of the programme in this respect will do much to maintain and enhance the services of the future.

Staff houses

The local health authority have forty houses or bungalows and two flats (most purpose-built) which are provided for the accommodation of nursing staff. The latest of these, a bungalow at Melbourn, is fitted with a full central heating system, and two of the older houses have been fitted with partial systems. Most of the others have one or two radiators heated by the open fire in the lounge. The Health Committee have now resolved that, starting in the financial year 1970/71, three houses per annum should be converted to full central heating.

Midwifery Service

Notification of Intention to Practise

Under the rules of the Central Midwives Board, 152 midwives notified their intention to practise:

	<u>City of Cambridge</u>	<u>County Area</u>
Domiciliary	11	40
Institutional	46	55

Domiciliary Midwives in Practice at 30th September, 1969

(a) Employed by the Authority

<u>City of Cambridge</u>		<u>County Area</u>		<u>Total</u>	
<u>Whole-time</u>	<u>Part-time</u>	<u>Whole-time</u>	<u>Part-time</u>	<u>Whole-time</u>	<u>Part-time</u>
9	-	9	22	18	22

(b) In private practice

<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
4	-	4

Number of Domiciliary Confinements attended by midwives under N.H.S. arrangements

	<u>Doctor not booked</u>		<u>Doctor booked</u>		<u>Total</u>
	<u>Doctor present at delivery</u>	<u>Doctor not present at delivery</u>	<u>Doctor present at delivery</u>	<u>Doctor not present at delivery</u>	
City of Cambridge	-	-	84	236	320
County Area	2	15	165	281	463
Total	2	15	249	517	783

Cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before tenth day

<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
375	1,443	1,818

Health Visiting

Cases visited by Health Visitors

	City of Cambridge	County Area	Total
(i) Total number of cases	5,571	16,987	22,558
(ii) Children born in 1969	1,272	3,055	4,327
(iii) Children born in 1968	1,164	3,593	4,757
(iv) Children born in 1964-67	1,377	7,185	8,562
(v) Total number of children in lines (ii) to (iv)	3,813	13,833	17,646
(vi) Persons aged 65 or over	1,168	2,065	3,233
(vii) Number included in line (vi) who were visited at the special request of a G.P. or hospital	598	741	1,339
(viii) Mentally disordered persons	50	38	88
(ix) Number included in line (viii) who were visited at the special request of a G.P. or hospital	44	7	51
(x) Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	73	54	127
(xi) Number included in line (x) who were visited at the special request of a G.P. or hospital	62	28	90
(xii) Number of tuberculous households visited	34	19	53
(xiii) Number of households visited on account of other infectious diseases	37	32	69
(xiv) Other cases	396	776	1,172

Cases visited by tuberculosis visitors

(xv) Number of tuberculous households visited by tuberculosis visitors	-	92	92
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Home Nursing Service

(i) Total number of persons nursed	2,038	5,450	7,488
(ii) Number of persons who were aged under 5 at the first visit in 1969	51	278	329
(iii) Number of persons who were aged 65 or over at first visit in 1969	1,224	2,589	3,813 "

SECTION 26 - VACCINATION AND IMMUNISATION

The Council's vaccination and immunisation schemes for the protection of children against smallpox, whooping cough, tetanus, diphtheria, poliomyelitis and measles continued during the year on the same lines as previously. Unfortunately supplies of measles vaccine were not available from about the end of April 1969 because vaccine was withdrawn after three cases of encephalitis had occurred in children given the vaccine. The supply of vaccine had still not been restored at the end of 1969.

The immunisation work was again carried out in the main by the general practitioners with only a limited amount being done in the pre-school clinics. The number of children protected, both by the primary courses and boosters can be seen from the following tables:-

Diphtheria Immunisation

At the end of the year 51% of the children born in 1968 had been protected against diphtheria.

Record of diphtheria immunisation

Year of Birth	City of Cambridge		County Area		Total	
	Primary	Booster	Primary	Booster	Primary	Booster
1969	313	-	98	22	411	22
1968	835	220	1070	351	1905	571
1967	70	473	87	996	157	1469
1966	27	27	22	137	49	164
1962-1965	44	1060	62	2179	106	3239
Others under Age 16	24	119	9	254	33	373
Total	1313	1899	1348	3939	2661	5838

Poliomyelitis

The following tables show the number of primary and reinforcing doses given during the year. At the end of the year 69% of the children born in 1968 had been vaccinated compared with a national average of 65%.

Poliomyelitis

Primary Vaccination

	City of Cambridge		County Area		Total	
	Salk Vaccine 2 injections or Quadruple Vaccine 3 injections	Oral Vaccine 3 doses	Salk Vaccine 2 injections or Quadruple Vaccine 3 injections	Oral Vaccine 3 doses	Salk Vaccine 2 injections or Quadruple Vaccine 3 injections	Oral Vaccine 3 doses
Children born in 1969	-	312	-	83	-	395
Children born in 1968	-	852	-	1072	-	1924
Children born in 1967	-	112	-	114	-	226
Children born in 1966	-	30	-	31	-	61
Children born in years 1962-1965	-	93	-	92	-	185
Others under age 16	-	100	-	101	-	201
Totals	-	1499	-	1493	-	2992

Re-inforcing doses

	City of Cambridge	County	Total
Number of persons given booster injections of Salk vaccine or quadruple vaccine	-	-	-
Number of persons given a re-inforcing dose of oral vaccine	1511	2842	4353

Smallpox

The following table shows the number of persons vaccinated or re-vaccinated during the year. At the end of the year it was estimated that 31% of the children under two years of age had been vaccinated against Small pox. This is the same as the national figure of 31%.

Number of persons vaccinated (or re-vaccinated)

Age at Date of Vaccination	City of Cambridge		County Area		Total	
	Vaccinated	Re-vaccinated	Vaccinated	Re-vaccinated	Vaccinated	Re-vaccinated
0-3 months	2	-	21	-	23	-
3-6 months	5	-	16	-	21	-
6-9 months	7	-	24	1	31	1
9-12 months	5	-	43	-	48	-
1 year	322	1	944	2	1266	3
2-4 years	213	35	434	52	647	87
5-15 years	36	190	90	248	126	438
Total	590	226	1572	303	2162	529

Tetanus

The following table shows the number of persons immunised against tetanus during the year, either by use of tetanus toxoid as a single antigen or more usually in combination with others. Following the trend of the figures for the previous year, the number of booster injections again showed a significant increase.

Number of persons immunised against tetanus

Year of Birth	City of Cambridge		County Area		Total	
	Primary	Booster	Primary	Booster	Primary	Booster
1969	314	-	93	22	407	22
1968	839	220	1073	355	1912	575
1967	72	475	91	1002	163	1477
1966	28	31	25	144	53	175
1962-1965	58	1085	86	2251	144	3336
Others under age 16	244	476	371	686	615	1162
Total	1555	2285	1739	4460	3294	6747

Whooping cough

The following table shows the number of children who have completed a primary course of whooping cough immunisation exclusively by the use of triple antigen. It is estimated that 72% of the children in the area had been protected against this disease at the end of the year.

Whooping cough vaccination

Year of Birth	City of Cambridge	County Area	Total
1969	312	92	404
1968	778	1049	1827
1967	63	82	145
1966	25	21	46
1962-1965	27	30	57
Others under age 16	12	3	15
Total	1217	1277	2494

Measles vaccination

Year of Birth	City of Cambridge	County Area	Total
1969	-	9	9
1968	85	278	363
1967	164	434	598
1966	97	261	358
1962-1965	171	533	704
Others under age 16	37	69	106
Total	554	1584	2138

SECTION 27 - AMBULANCE SERVICE

The service has continued to operate as in previous years with the usual minor variations in establishment, and replacement of vehicles and equipment taking place in accordance with the policy of maintaining the fleet in the most up to date and efficient condition.

The ambulance station at March became fully operational in September and the Ely station, at which work continues, should be completed in 1970. The new station at Cambridge which will replace the present station and form the headquarters of the service is in an advanced stage of planning.

Training

The training programme continued as in 1968 and in August following acceptance of the recommendation of the Ambulance Service Advisory Committee as to the issue of Proficiency Certificates, members of the staff began to attend courses at the Training School, Danbury Palace, nr. Chelmsford. At the time of writing 23 ambulance driver/attendants had attended the two week course and 3 had attended the six week course. All had passed the examination held at the end of the course, the majority gaining very high marks. The Council accepted that such personnel should immediately qualify for the top rate of pay.

Major Emergency Scheme

During the year there were detailed consultations with Police and Fire Services to bring about a fully co-ordinated scheme for dealing with major accidents, and this culminated in a full scale exercise on 12th April 1970 when a simulated train crash near March Railway Station involving some 340 "passengers" tested resources of all three services and the efficiency of the co-ordinated major accident procedure. The results of this full scale exercise have still to be evaluated but at the time of writing it is already clear there are lessons to be learned and action taken to improve the scheme for dealing with major disasters.

Hospital Car Service

During the year one contractor who undertook a very significant proportion of the hospital car service work requested an increased mileage rate of almost double that hitherto paid. Careful investigation revealed that the authority could not directly provide a comparable service on a more economical basis and after tenders had been obtained, the contract was renewed for a period of three years.

The table that follows gives details of the mileage, number of journeys and number of patients conveyed by ambulance and hospital cars:-

Ambulance Service

		(1968)
Mileage	498,652	462,284
Journeys	33,737	30,781
Patients conveyed	49,833	44,115

The above figures include the agency service at Whittlesey.

Hospital Car Service Vehicles

		(1968)
Mileage	805,237	754,155
Journeys	40,986	39,093
Patients conveyed	96,252	90,819

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTERCARE

Tuberculosis

The majority of cases of tuberculosis occurring in the southern part of the county are seen at the Cambridge Chest Clinic, but a number living in the Newmarket and South Eastern areas of the county attend the chest clinic at Newmarket General Hospital. The chest clinics at Doddington Hospital and North Cambridgeshire Hospital, Wisbech, deal with the majority of cases from the northern part of the county.

I am much indebted to Dr. M.J. Greenberg, Consultant Chest Physician, for the following paragraphs relating to the work of the Cambridge Chest Clinic.

" A moderate decrease in the incidence of tuberculosis occurred in 1969. Twenty two new cases were notified (19 pulmonary and 3 non-pulmonary) a decrease of nine on the previous year's figure. The number of patients on the Notification Register fell from 175 to 145 and the number of tuberculosis cases seen at the Clinic decreased from 1174 pulmonary and 35 non-pulmonary, to 1139 pulmonary and 24 non-pulmonary.

As was stated in last year's report, the situation with regard to tuberculosis leaves no room for complacency, the preventive measures such as B.C.G. vaccination and careful follow-up of contact cases are being thoroughly pursued.

The total number of patients seen at the Clinic including 2412 initially seen at the 'Xray Only' clinic was 14,543, a slight rise on the previous year's figure of 13,814, the scope of the work being widened by physiotherapy and psychotherapy for asthmatic patients.

Although the management of tuberculosis still continues to be a not inconsiderable part of the work of the Chest Clinic, other thoracic diseases, such as chronic bronchitis, lung cancer and more recently bronchial asthma, are becoming increasingly important and take up more time each year. This tendency towards more general medical interests is likely to become further accentuated when the Chest Clinic is moved to the New Addenbrooke's Hospital site in April, 1970."

Dr. C.E.P. Downes, Consultant Chest Physician for the northern area, has submitted the following information regarding the work done in his area.

" During 1969 only 6 new cases of tuberculosis were notified. Three of these cases were suffering from pulmonary and three from non-pulmonary forms of the disease. None of these cases was found to be infectious and all responded satisfactorily to treatment.

There are still no known cases of tuberculosis excreting drug resistant organisms in this area.

The main work of the Clinic in the field of non-tuberculous chest diseases continues unabated."

B.C.G. Vaccination

The B.C.G. Vaccination Scheme, whereby pupils aged 13 and over are tuberculin tested and if necessary given B.C.G. Vaccination, continued as in the previous year.

Disposable needles and syringes were again used throughout the programme and there is no doubt that this enables the B.C.G. teams to operate in the schools much more quickly.

All children with grade II positives and above have a chest X-ray as a precaution.

The B.C.G. teams again received the fullest co-operation from the staff of the Secondary Schools and this is much appreciated. The following table sets out details of the work carried out in schools in Cambridge City and County areas:-

	<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
Number skin tested	1273	1977	3250
Number found positive	94	108	202
Number found negative	1165	1770	2935
Number vaccinated	1158	1769	2927

Contact Scheme

The following figures represent the number of persons dealt with at the Chest Clinic under the Contact Scheme during 1969:-

Number skin tested	628
Number found positive	280
Number found negative	348
Number vaccinated	273

City of Cambridge Tuberculosis Register 1969

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of cases on Register at commencement of year	94	34	21	25	115	59
2. Number of cases notified for first time during year under Regulations	10	8	4	-	14	8
3. Cases restored to Register	1	-	-	-	1	-
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other Districts	2	2	-	-	2	2
(b) From Death returns	-	-	-	-	-	-
5. Number of cases removed from Register	19	9	-	-	19	9
6. Number of cases remaining on Register at end of year	88	35	25	25	113	60

County Tuberculosis Register 1969
(excluding City of Cambridge)

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of cases on Register at commencement of year	124	71	17	25	141	96
2. Number of cases notified for first time during year under Regulations	9	7	-	3	9	10
3. Cases restored to Register	-	-	-	-	-	-
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other Districts	1	1	-	-	1	1
(b) From Death returns	-	-	-	-	-	-
5. Number of cases removed from Register	47	32	6	5	53	37
6. Number of cases remaining on Register at end of year	87	47	11	23	98	70

Cervical Cytology

Local authority cytology clinics were operated at Swavesey, Gt. Shelford, Soham and Girton during 1969. 320 smears were taken at these clinics. In addition, a number of smears were taken at the family planning clinic at Sawston.

The mobile clinic, provided by means of a grant from TENOVUS (a charitable organisation in Cardiff concerned with cancer education) continued to operate in the rural areas throughout the year, and 1192 smears were taken.

Facilities for the examination of cervical smears were provided at the University Department of Pathology, Cambridge, the North Cambridgeshire Hospital at Wisbech and Newmarket General Hospital. The approximate number of smears examined during the year at these three centres was as follows:-

			<u>Positives</u>	
Cambridge	9,128	(7,769)	31	(52)
Wisbech	2,830	(3,061)	23	(25)
Newmarket	9,320	(3,843)	23	(38)
Total	21,278	(14,673)	77	(115)

The figures for 1968 are shown in parentheses for comparison.

Research Project

In August 1966, Mr. D.T. Williams, then Health Education Officer to this Authority, discussed with the charitable organisation TENOVUS and the Cardiff Cancer Information Centre the possibility of a research project into public attitudes towards cancer. The upshot of these discussions was the provision of a grant by TENOVUS for the carrying out of such a project, over a three year period, including the purchase of a mobile cervical cytology clinic for use in rural areas.

The aims of the project were considered to be:

- (i) To examine and contrast the extent of knowledge and the nature of attitudes towards cancer present in selected, contrasting communities, with special reference to such variables as sex, age, educational and family background, and socio-economic group.
- (ii) To measure the impact of a variety of educational media upon knowledge and attitudes.
- (iii) To evaluate the role, utility and effectiveness of a mobile cervical cytology clinic in rural areas as both an educational medium as well as a preventive agency.

The Research Officer, Dr. R.C. Salzberger, M.A., Ph.D., took up her appointment in October 1967. The three-year period of the project will expire in 1970, and her report on her researches is expected to be available early in 1971. It is hoped that a full report on the project will appear in my next Annual Report.

The mobile cytology clinic was brought into use in June 1968, and since then has operated in the rural areas of the County. A report relating to the first 1,000 attendances has been submitted for publication in The Medical Officer early in 1970.*

Family Planning

Two more family planning clinics were opened during the year, one at March in the new health centre, and one at Abberley House, Gt. Shelford, in accommodation adapted for clinic purposes. The number of sessions held at the Sawston and Wisbech clinics was increased on account of the growing demand for the service in those areas.

The generosity of an anonymous donor has enabled the Health Committee to institute an experimental mobile domiciliary service in the rural areas, using the mobile cytology clinic.

At the end of the year consideration was being given to the need for family planning clinics based on the new health centres at Littleport and Whittlesey.

The following family planning facilities were available in the Administrative County at the end of 1969.

I. Cambridge Womens Welfare Association

22 Parsonage Street, Newmarket Road, Cambridge.	Mondays 5.30 p.m. to 7.00 p.m. Wednesdays 2.30 p.m. to 4.00 p.m. No appointment required.	Telephone Cambridge 52525
Out-Patients Clinic, Maternity Hospital, Mill Road, Cambridge.	Fridays 2.30 p.m. to 4.00 p.m. No appointment required.	
Health Centre, Sawston.	1st, 2nd, 3rd and 4th Tuesdays in each month - 9.30 a.m. to 11.00 a.m. By appointment. a) by telephone to Centre b) by calling at Centre during clinic hours c) by telephoning health visitor	Sawston 2711 Sawston 2333
Abberley House, Gt. Shelford	1st and 3rd Tuesdays in each month - 2.00 p.m. to 3.30 p.m. By appointment	Telephone Shelford 3661 ext.40 (before 9.30 a.m.)
Domiciliary Service for Cambridge and surrounding area	Dr. A. Boyd, 21 Newton Road, Cambridge	Telephone Cambridge 50809

II. Family Planning Association

County Clinic, Horsefair, Wisbech	2nd, 3rd and 4th Tuesdays 6.30 p.m. to 7.30 p.m. 1st Thursday 10 a.m. to 12.30 p.m.	Telephone Wisbech 2597 By appointment.
Health Centre, March	1st and 3rd Wednesdays 6.45 p.m. By appointment	Telephone March 2611

* The Medical Officer, March 6th 1970.

III. Cambridge Advisory Service for Young People

Advisory Centre for Young People, 33 Clarendon Street, Cambridge	Doctors available (by appointment) for counselling on personal problems, sexual difficulties and techniques of birth control. Monday to Thursday 10.30 a.m. to 1 p.m. and 2.00 p.m. to 4.00 p.m. Friday and Saturday 10.30 a.m. to 12 noon. By appointment.	Telephone Cambridge 55003
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IV. Special Arrangements for the fitting of the I.U.C.D.

The I.U.C.D. is not fitted at the routine clinics described above. Special arrangements, in addition to those available at hospital departments, have been made as follows:

- (a) an additional clinic is held by one of the medical officers of the Cambridge Womens Welfare Association in the ante-natal clinic of the Maternity Hospital, Mill Road, Cambridge. This is solely for the fitting of the I.U.C.D., and is restricted to patients requiring this form of contraception on medical and socio-medical grounds.
- (b) In addition to their particular services for young people, the Cambridge Advisory Service for Young People provide an I.U.C.D. clinic for other than medical and socio-medical cases.

V. Mobile Clinic

An experimental scheme, to ascertain the need for a mobile service in rural areas, using the TENOVUS cytology caravan, and paid for by a grant from an anonymous donor.

Chiropody Service

Mention was made in last year's report of the difficulties which had been encountered by reason of inability to recruit chiropodists on a full-time or sessional basis to replace staff who had left the service of the authority. This situation continued until the middle of 1969 when a married couple, both chiropodists, arrived in the area and were prepared to work on a sessional basis and almost at once it was possible to re-commence the service in the majority of areas still without a chiropodist at the end of 1968. Two more villages in the south of the area were covered by a state registered chiropodist who although otherwise employed during the day time, was prepared to help out by working in his spare time, seeing a limited number of people who met at the home of a local resident.

Perhaps the most significant development, however, was the appointment in November, of a full-time chiropodist. Not only was he able to serve the remaining centres which had now been without a chiropodist for a year, but it was possible for him to take over the work of two chiropodists who had been working on a sessional basis, one of whom had to give up her work for family reasons, the other whose help had been on a temporary basis only. He was also able to relieve another chiropodist who was finding it difficult to cope with the commitment he had undertaken for the authority but who did in fact agree to serve a new centre situated close to his home. Three further centres were opened, served by the full time chiropodist.

It is easy to see that without this new appointment, the chiropody service would again have been facing an extremely difficult situation. As it is, it is pleasing to be able to record some little expansion and the tables that follow reveal that, although slightly fewer individual people were treated, the number of treatments rose by well over 2,000.

Number of persons treated during year

	By Local Authorities		By Voluntary Organisations		Total	
	City of Cambridge	County	City of Cambridge	County	City of Cambridge	County
Men over 65	363	853	-	99	363	952
Women over 60	1,808	2,361	-	326	1,808	3,187
Expectant Mothers	1	2	-	-	1	2
Children under 5	-	-	-	-	-	-
Others (including Handicapped Persons)	87	252	-	3	87	255
Total	2,259	3,968	-	428	2,259	4,396

Number of Treatments given during year

	By Local Authorities		By Voluntary Organisations		Total	
	City of Cambridge	County	City of Cambridge	County	City of Cambridge	County
In Clinics	755	3,344	-	222	755	3,566
In Patients' Homes	2,020	5,087	-	728	2,020	5,815
In Old People's Homes	487	2,218	-	-	487	2,218
In Chiropodists' Surgeries	10,392	7,014	-	1,473	10,392	8,487
Total	13,654	17,663	-	2,423	13,654	20,086

Number of clinics operating at some period during 1969

<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
14	77	91

Fluoridation of water supplies

In July the Department of Health and Social Security issued Circular 8/69, and at the same time the Ministry of Housing and Local Government issued Circular 43/69, both referring to the recently published "Fluoridation Studies in the United Kingdom and the Results Achieved after Eleven Years". The report confirmed previous findings that fluoridation produces a substantial reduction in the amount of dental decay in the temporary teeth and that it also has a beneficial effect in those age groups in which it can be expected to have affected the resistance of permanent teeth to dental decay. It concluded that the fluoridation of water supplies at the level of 1 p.p.m., is a highly effective way of reducing dental decay and is completely safe.

The position in this County was that the Council had approved in principle the level of fluoride in public piped water supplies being adjusted to 1 p.p.m., but the multiplicity of sources and the lack of suitable apparatus for dealing with the dosage of small sources had proved a stumbling block to progress.

Following consideration of the above Circulars arrangements were made for the County Medical Officer and the General Manager of the Cambridge Water Company to discuss the problems further with representatives of the Department of Health and Social Security. In view of the advice given with regard to new apparatus for small sources of supply, the Water Company agreed to reconsider the proposals previously drawn up and to submit a draft outline scheme to the Health Committee early in 1970.

Health Education

I am indebted to Miss J. Randell, Senior Health Education Officer, for the following report:-

" During the year the need for health education has been demonstrated in part by the demand for it from the consumer; this demand has spread across the age range of the community but with notable areas of non-involvement. It would be easy to enumerate the subjects dealt with, the groups visited, the success we hope we have achieved with school children, adult groups, pre-school playgroup leaders and so on; perhaps it is more pertinent to look initially not at some of our achievements but at our omissions; this will indicate the target groups for future work.

Smoking and its association with lung cancer are well documented, well published and the information perpetually disseminated but with little success. We need to know much more about the motivation towards this particular form of self destruction; this body of knowledge, as on other topics must come from a central organisation adequately equipped to carry out research accurately and impartially; an encouraging interim report from Health Education Council Ltd. indicates that their research division could be the source of this kind of information so vital to the efficient functioning of any health education team.

An accurate knowledge of human biology, of how to care for our bodies and an understanding of our place in society and our relationship with the environment should be the birthright of every school child. To understand and cope with illness, stress and injury pre-supposes that we know how the whole, well, body functions; unfortunately this is a subject that is too frequently squeezed out of the school curriculum by other matters. It is heartening to see that more schools are recognising the importance of studying man and his environment in relation to the pupils and their community, but one wonders why it is often seen as, firstly a feminine topic and secondly as not being essential to the grammar school child? Being born male or having academic aspirations does not qualify a person to be better equipped

or more knowledgeable in the wider aspects of human biology and personal relationships. Because of curriculum difficulties at the Secondary school level it would seem logical to offer the initial grounding in human biology during the final years at the Primary school; some work has already been done on this in previous years and it is hoped that 1970 will see an expansion and consolidation of knowledge gained as well as the opportunity to discuss the whole subject in greater depth with those teachers who are interested and involved.

Currently there is much publicity concerning young people and the abuse of drugs; the question is being asked - what are the health educators doing? This is neither the time nor the place to explore the very complex processes that are involved in experimenting with drugs but, because we have a situation that is forcing itself on us, we may be forgetting much previous knowledge. Much work has been done by specialists such as Bowlby and Spock on the effect of deprivation on the young child; there is now a considerable body of knowledge which tells us that children need loving, secure homes in which they are valued people; that they need parents who have authority with them and show their love for their children by exerting that authority and that their schools need to be an extension of their homes, adding to and expanding their experience of their world.

If a child is to grow up to be honest, trustworthy, hardworking and so on, he must be able to see that sort of adult around him, and especially that sort of adult in his parents and those other adults who influence him. Yet too often in our society the refrain, spoken or unspoken is "don't do as I do, do as I say" - so an adult is seen as a person with two sets of values and confusion sets in. The end result may be antisocial behaviour of which drug abuse is but one form. It can therefore be seen that one weapon that can be used in combating this is the discussing of good parentcraft wherever opportunity presents and that to prospective or actual fathers as well as mothers. Written in the sphere of the school child the opportunity to discuss drugs should not be as an isolated incident but as part of that whole programme of human biology and relationship.

For health education in schools to be carried out, even in part, in the way outlined so far, a far greater involvement is needed by the school teachers and a much more extensive programme within the Colleges of Education; this will enable those who have an aptitude for health education to commence their teaching career with the basic knowledge and skills which can then be extended through experience.

Although there is an encouraging number of requests for speakers on health education topics to adult groups we would like to be able to reach more male groups and to lecture and discuss more on the particular hazards that affect the immediate years of pre and post-retirement. In previous assessments of the subject matter requested by adult groups, home accident prevention has always had a low rating; this year because we have "sold" it whenever possible, it nearly equals in popularity, obesity, another important area of prevention. Cancer education, dental health and sex education are other topics in demand; the number of talks given to adult groups throughout the year averaged two a week.

The number of pre-school playgroups continues to rise and a successful evening course of eight lectures was held in September and October. Attendance was again high and ranged between 50 and 80 leaders and helpers at each session. Subjects covered included story telling, play, health and safety, emotional problems, and a visit to an established Nursery School.

Each year the health education section gives increasing advice and assistance to those many people who are either undertaking this work in the field or who are doing research and study as part of their professional training. The variety of audio-visual aids, books, leaflets, press cuttings, references, etc. that are held in the section are growing considerably and are added to whenever possible. We have again held meetings of teachers and other interested persons to evaluate films and other material that could be used in this field. Informative leaflets, posters, hand-outs etc. are an important means of telling the public of services available to them. During the year a number of publications have been produced, notably a small poster showing all the family planning facilities available and a hanging card called "Advice and Help to Young People" designed to give medical and social information; it has been distributed to the majority of secondary schools and further education establishments and feed-back indicates that these are performing a useful service. The Diploma Course in Health Education of London University again visited the County in November; they first saw the range of work undertaken at Impington Village College and then went out in small groups with individuals undertaking health education to see and discuss their particular role and function. This visit followed a lecture on "The Work of the Health Education Officer" given to the entire Course by Miss Randell. Two students from the Diploma Course again visited the County for 2 weeks field work experience and were involved in a varied programme of activities.

The Information Bulletin has been published quarterly with a wide range of articles from contributors within the County and farther afield. We are very grateful for their unstinting help and hope that Bulletin reaches an appreciative audience; the current circulation is in the region of 750 copies each quarter.

1969 has seen both consolidation and extension of many aspects of health education. Much of this would have been impossible were it not for the willingness of so many people, in their varied professional capacities, to undertake talks, lectures and discussions to a wide variety of groups, and also many more who were and are willing to participate in a growing and expanding service. If the 1970's are to see the continuing growth and effectiveness of this aspect of preventive medicine then the many professions participating in Health Education at the present must become increasingly involved with each other and mutual cooperation become the cornerstone."

Medical Loan

The British Red Cross Society continued to act as the Council's agent for the issue of medical loan equipment. Equipment is supplied free of charge to the patients to facilitate domiciliary care, the local authority contributing towards the expense of the service. The Society had requested a revision of the financial arrangements, and this was under discussion at the end of the year.

The Branch Welfare Officer of the Society reported a further increase in the number of patients assisted, 5709 items being issued to 3791 patients. In the previous year 5674 items were issued to 3062 patients. The main demand was said to be for aids to mobility for geriatric patients, and a substantial increase in the provision of home aids, mainly for the bathroom and toilet.

In addition certain, more expensive, items of loan equipment, such as hoists and ripple beds, were issued direct by the Health Department.

Venereal Disease

The Southern part of the County, including the City of Cambridge, is served by the special clinic at Addenbrooke's Hospital, and the following figures relate to "first-time" attendances by residents of the Administrative County, with figures for three previous years for comparison.

	<u>1969</u>	<u>1968</u>	<u>1967</u>	<u>1966</u>
Syphilis	5	16	11	8
Gonorrhoea	97	129	64	69
Other conditions	637	513	403	361

The attachment to the clinic of a special appointment (the post being held against the nursing establishment) to assist with contact tracing was continued in 1969, and has proved to be quite successful.

I am indebted to Dr. J.K. Oates, Consultant in Venereology, for the following observations on the work of the special clinic which has a catchment area wider than that of the Administrative County.

" In 1969 a total of 8 cases of syphilis were treated in the clinic, only 4 of these being early cases. The number of cases of gonorrhoea dealt with for the first time totalled 131, a figure which was slightly greater than the previous year.

One hundred of these cases were acquired in the Cambridge area and 20 cases contracted their infection outside the British Isles.

210 men were seen suffering from non-gonococcal urethritis and 7 of these patients had their illnesses complicated by the development of arthritis. The number of patients attending the clinic with other conditions rose to a total of 850, and a total of 4,616 attendances were recorded.

This welcome increase in patients attending the clinic, who were not found to be suffering from venereal disease shows that many more are coming forward for tests and examination."

Facilities for treatment of patients from the Northern part of the County are provided at the clinic at Peterborough District Hospital and in the King's Lynn and West Norfolk Hospital.

The following are details of cases treated at Peterborough:-

	<u>1969</u>	<u>1968</u>	<u>1967</u>	<u>1966</u>
Syphilis	1	3	-	1
Gonorrhoea	7	10	4	5
Other conditions	27	13	30	26

The King's Lynn and West Norfolk Hospital treated eight patients from the county for gonorrhoea and nine for other venereal conditions.

Yellow Fever Vaccination

Twice weekly sessions continue to be held for giving yellow fever vaccinations to persons going abroad - these are held in the Health Department on Monday mornings at 9.30 a.m. and Thursday afternoons at 4 p.m. by appointment. In all, 894 persons were vaccinated, - this compares with a figure of 765 for 1968.

MENTAL HEALTH

Premises:

A new building providing a large workshop area was built at the Adult Training Centre, Coldham's Lane, Cambridge, and opened on the 1st July. This provided much needed relief at these premises, one room of which was over-crowded, and has since enabled additional mentally subnormal adults to be accommodated. The day exchange scheme with the Ida Darwin Hospital was extended and there are now five trainees going from the centre to the hospital where they are able to benefit more from the services the hospital provides and, similarly, there are five patients from the hospital attending the centre each day.

Following the announcement at the end of 1968 that responsibility for junior training centres was to be transferred to local education authorities, the opportunity was taken to change the title of "centre" for the title of school and the following names were given: Highfield School, Ely; Orchard Court School, Wisbech; and the Rees Thomas School, Cambridge, the last named being in honour of Mrs. Ruth Rees Thomas, one time honorary secretary to the Cambridgeshire Mental Welfare Association and member of the former Board of Control. At the invitation of the health committee to the chief education officer professional advisors of his department visit the schools and advise on educational matters. The date of the transfer of responsibility to the education authority has yet to be announced.

Unfortunately, because of the demand for places, it continued to be impossible to admit to the Rees Thomas School mentally subnormal children as early in their lives as it was considered they could begin to benefit, which, previously, had been as young as 3½ years. Enquiries continued for a site for the much needed further junior training school in the southern rural part of the county. At the time of writing this report a site had not been acquired. In the meantime, the health committee decided that the small covered play area at the Rees Thomas School should be converted into a classroom, enabling a total of seventy-five children to be accommodated at this school, an increase of fifteen in the number for which the school was built although the actual number there had already been increased to sixty-seven. Money for this work is included in the estimates for 1970/71.

Particulars of requirements for the hostel for mentally subnormal adults to be built on the site already acquired at Elm Road, March, were drawn up. It is hoped that a start will be made on this building in 1970. Discussions took place with Dr. Roberts, honorary consultant psychiatrist in mental subnormality, and staff of the Ida Darwin Hospital on the location and management of a hostel in the southern part of the county which could meet not only the needs of the community but would be an adjunct to the hospital itself. A site for this hostel is being sought and it is hoped it will be possible for it to be built in 1971/72.

Integration:

The close working together of the Council's mental health service and the psychiatric hospital service continues and in the northern area this is especially well developed. The mental welfare officers based at March attend the weekly out-patient clinics at March and Wisbech and the monthly clinic at Doddington Hospital and provide the consultant psychiatrist with social reports, participate in the clinic, and follow up the patients. One thousand-five hundred appointments were made at the clinic during the year and included 350 patients newly referred to the clinics.

The easy access the mental welfare officers have to the hospitals and to hospital staff at every level ensures a continuity of care not existing where the boundaries of hospital, clinic or community care are finely drawn. It is to be hoped that a transference of this social work staff to a general social services department, if this is so decided, will do nothing to damage this ease of access, the acceptance by the medical profession of this vital relationship of social work or, indeed, the recognition by social workers of the continuing need for medical involvement.

Staff:

There were fewer staff changes during the year than in previous years. One mental welfare officer remained in attendance at the two-year (Younghusband) social work training course and one teacher of the mentally subnormal returned from the one-year course for instructors in adult training centres and received his diploma. Staff in the junior

training schools who were both qualified and actually teaching were renamed and regraded from assistant supervisors to teachers of the mentally subnormal. Staff at the adult training centres were renamed, the supervisors to managers, and the assistant supervisors to instructors; qualified instructors were regraded.

Approval was given to the appointment jointly with the United Cambridge Hospitals of a social worker in the field of drug dependency. In some measure this should meet the suggestion of the Department of Health and Social Security's Advisory Committee on Drug Dependents that joint appointments be made to ensure the continuity of support between hospital and community.

Emotionally disturbed children:

The warden and matron of the Hawthorns Hostel for emotionally disturbed children of school age resigned their posts and were replaced by Mr. and Mrs. C. Bennett. There follows an extract from a report by Mr. Bennett on his first year:

" The Hawthorns presents a unique administrative experiment between Health and Education to get over the problem of the unsatisfactory situation created by having nowhere where disturbed children could be given intensive care away from their parents, yet near enough for contact to be maintained, and being forced to send the children away to distant schools for maladjusted children as a last resort, schools to which the children become adjusted and never really become integrated with their families.

The Hostel opened in October 1966, the first two children being admitted on the 16th October, 1966, and the following day two more boys arrived. At the end of the financial year, 31st March, 1967, ten children (eight boys and two girls) had been admitted to the Hostel. During the second working year, ending 31st March, 1968, six children (four boys and two girls) were admitted, eight children (six boys and two girls) being discharged. Four children (three boys and one girl) were admitted during the year ended 31st March, 1969, and four children (two boys and two girls) were discharged.

The first warden and matron stayed for one year; their replacements left after 16 months. Since opening it has been difficult to appoint assistant residential staff. The present warden and matron consider a housefather and a housemother would be the most ideal staff arrangement and the services of a good housefather have now been obtained. There has been difficulty, too, in obtaining domestic staff for weekend work.

From the Spring of 1968 a case conference was held each month at which only two or three children would be discussed. It was found that by this method, however, some children, especially the ones who proved to be no problem, may be several months before they had a report at the case conference. From February 1969 all children are given a report each month and are discussed as necessary. The evolvement of the policy of the Hostel and co-ordination of the treatment and care it provides is achieved by this case conference which is attended by the County Medical Officer, School Medical Officer, Consultant Psychiatrist, Education Department representatives, the Hostel warden and matron and houseparents, the administrative assistant of the mental health service, and, where relevant, social worker, school teachers, youth employment officer, probation officer, child care officer etc.

The work of The Hawthorns is directed towards enabling disturbed children to re-enter their family circle and the problems posed are complex and often difficult. Schools for the children have been found in the City and County, and it has been found that schools have been most understanding and co-operative in accepting the children. Frequent contact is kept with the schools to note what progress each child is making; Headteachers are always most helpful in this direction.

Children maintain contact with their families by spending regular weekends at home, and if circumstances permit school holidays are also spent at home. Parents are encouraged to visit the Hostel, as are the school teachers, and friends which the children may have at school; the children also visit their friends.

The children are wakened at 7.30 a.m. to give them sufficient time to have breakfast and leave for school. Some of the children have cycles to go to school on, others use public transport or walk. Preferably the children stay at school for lunch, but they may return to the Hostel for lunch if necessary. Leisure time activities include woodwork, model making, painting, games such as "Monopoly", "Draughts" etc. Whenever possible the playingfield is used for football, cricket and other ball games; time outdoors is also taken up by just natural play. The children are also encouraged to go to the swimming baths, football matches etc., and when they are able, shopping and unaccompanied visits to town. Many group games are played with the children and the last half hour or so before bed is spent in group activity - simple games, discussion or informal conversation, a member of staff acting as the leader. Bed time is dependent on the activity and needs of the children, usually between 8.30 and 9.00 p.m. Television is used occasionally

including film programmes, but the children are usually involved in other activities.

Community interest came in the first instance through a local neighbourhood social club, but this was not a successful venture and contributed nothing to the benefit of the Hostel or the children and it functioned for only a short time. University students came for a while to play with the children in the evenings but this ended when it became apparent that the children could not cope with the constant change of relationships. Attendance at scouts and cubs failed because the boys could not attend regularly because of the holidays and some weekends spent at home.

It is necessary to give the children a sense of being trusted whilst at the same time letting them see that there is interest in where they have been and how they have coped with the problems they may have encountered. It is considered essential to place some onus on the children to find things out for themselves. By these and other means, it is hoped to inculcate a sense of mutual trust and shared responsibility.

Occasionally children react in ways not mentioned in a text book and in such a circumstance a member of staff may need to exert authority as an adult if he is not to weaken the position of other adults in the community. The creation at The Hawthorns of a permissive atmosphere with discipline, with the thought that containment as an end in itself can have little value towards solving the complex disturbances in the child, is one of the main principles behind the management of the Hostel.

Children resident as at 1st April 1969:	7 boys	1 girl
Children admitted during Year:	12 boys	4 girls
Children discharged during Year:	10 boys	2 girls
Returned home to parents:	8 boys	1 girl
Foster parents:		1 girl
'Arethusa' Training Ship, Merchant Navy:	1 boy	
Approved school:	1 boy	
No. of days children in residence:		256
No. of resident days:		3,002
Average daily total of children in residence:		11.7

Of the twelve children discharged from the Hawthorns during the year, ten have re-adjusted themselves satisfactorily in society. Why did the other two boys fail to re-adjust and get into further trouble? Both had appeared in court for larceny before admission to the Hawthorns.

Boy "A" had appeared before the Juvenile Court on three occasions and was on Probation when admitted to the Hawthorns in May 1968. The environment and freedom which this boy enjoyed at the hostel gave him all the opportunity he required to thief and bully.

Boy "B" was admitted by direction of a Probation Order to reside at the hostel for a period of one year. The boy and his parents could not overcome resentment to authority for taking the boy from home. It was against this barrier that all efforts failed.

Both boys required a very controlling and fairly rigid training. They did appear to look upon a permissive situation such as exists in the Hawthorns as a form of weakness which allowed them to continue in their ways with no efforts to change.

Of the twelve children in the hostel three are in care of the local authority under the Children Acts. Children who are not in care, or have been in other residential homes, see the Hawthorns as a treatment centre and the staff as people helping them to solve their problems.

The parents of these children have the same picture of the Hawthorns and the staff often act as a buffer between themselves and authority when problems arise.

Children who are in care and have been in other residential homes, and their parents, initially see the Hawthorns as just another Children's Home, and it is difficult for them to accept the environment and aims of the hostel.

The children most likely to gain most from the environment and policy in the Hawthorns are those children with emotional and maladjustment problems rather than the delinquent child, or one who has been in other homes. It is essential that a good relationship with the parents of each child is maintained, in order that they cooperate willingly.

In conclusion, observation of one's own children should be sufficient for most of us to realise that it is perfectly normal to be selfish, to be aggressive, assertive and to go to any lengths, fair or foul, to achieve one's desire. It is normal, and not surprising that a child has to be trained, has to be taught to be honest, to be considerate, to be sympathetic, not to be selfish, in the same way as he has to be taught to read, to write, to swim or even kick a football correctly."

Voluntary Organisations:

Because of the close integration between the statutory services of the council and the hospital with the voluntary mental health organisations, my report on the mental health services would be incomplete without reference to them. The Cambridge Society for Mentally Handicapped Children continued to seek ways of extending the support provided by them to mentally subnormal persons, especially through their hostel for adults, Edmund House. The Cambridgeshire Mental Welfare Association set about acquiring a third house for conversion to a home for persons formerly in Fulbourn Hospital, planned the setting up of a sheltered workshop for mentally ill persons, and, in conjunction with two local churches, opened a centre in the City of Cambridge to provide day support for persons who are emotionally disturbed or who find social relationships difficult. Supportive supplementary services continued by the voluntary organisations at Ely, March and Wisbech. Public support should be encouraged of these organisations aiming to meet human needs which the state services lack resources to meet.

Statistics

1. Mentally Subnormal Persons

(a) Admissions to hospital:	
(i) for permanent care - Informally	10
Under Order	2
Transfers to Ida Darwin from other hospitals	-
(ii) for temporary care -	33
(b) Awaiting permanent admission to hospital	67
(c) Discharged from hospital	2
(d) Died in hospital	3
(e) Temporary care arranged elsewhere and with financial assistance by the Council	15
(f) Attending the three Junior Training Schools at 31.12.69	124
(g) Weekly boarders at Junior Hostel at 31.12.69	5
(h) Attending the two Adult Training Centres at 31.12.69	181
(i) Resident at Edmund House	10
(j) Under the County Council Guardianship	7
(k) Under Guardianship to some other person	1
(l) Receiving home teaching	35
(m) Total number receiving home visits, including those in the above categories	388

2. Total number of educationally subnormal children and young people receiving informal care and assistance by mental welfare officers	158
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3. Mentally Ill Persons

(a) Hospital admissions during 1969 with assistance from mental welfare officers:	
Under Section 25 of the Mental Health Act 1959	24
Under Section 26 of the Mental Health Act 1959	1
Under Section 29 of the Mental Health Act 1959	112
Under Section 60 of the Mental Health Act 1959	-
Informal admissions	198
(b) Receiving visits by mental welfare officers	679
(c) Resident in Cambridgeshire Mental Welfare Association's homes	12
(d) Financial assistance to residents in Winston House and other psychiatric hostels during the year	17

4. Resident at The Hawthorns Hostel for maladjusted children	10
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SECTION 29 - HOME HELP SERVICE

In the City of Cambridge the Home Help Service was administered by a Home Help Organiser and an Assistant Home Help Organiser. In the County area the administrative staff consisted of a Home Help Organiser and three Assistants. The County area was divided into three districts, each served by an Assistant Home Help Organiser under the general control of the Home Help Organiser.

The total number of cases showed little change from the previous year. The proportion of aged patients again showed a slight increase; they accounted for 76% of the total (74% in 1968, 70% in 1967).

Home Help Service

	City of Cambridge	County Area	Total
<u>Number of helps employed at 30th September, 1969</u>			
(a) Whole-Time	27	1	28
(b) Part-Time	83	346	429
(c) Whole-Time equivalent of (b)	42	131	173
<u>Number of cases where help provided during 1969</u>			
(a) Aged 65 or over on first visit in 1969	705 (707)	1,112 (1,135)	1,817 (1,842)
(b) Aged under 65 on first visit in 1969:			
Chronic sick and tuberculous	8 (11)	96 (108)	104 (119)
Mentally disordered	1 (1)	4 (3)	5 (4)
Maternity	79 (121)	124 (143)	203 (264)
Others	116 (125)	119 (128)	235 (253)
Total	909 (965)	1,455 (1,517)	2,364 (2,482)

(1968 figures in parentheses for comparison)

Neighbourly Help Scheme

The neighbourly help scheme was continued in 1969. It is based upon the idea that whereas the home helps work for each case for a fixed period of time, many old folk need a number of small items of service on a number of occasions during the day. This type of service is best provided by a "Good Neighbour", that is to say someone living near enough to be able to pop in as required.

REGISTERED NURSING HOMES

	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes on the register at end of year	4	6	86	92
Mental Nursing Homes	1	-	120	120

One small nursing home (2 beds) no longer admits patients, but has asked to retain registration.

MEDICAL EXAMINATION OF STAFF

The system whereby all newly appointed staff complete a medical questionnaire was continued during the year, and has proved very satisfactory. Only a limited few are required to undergo a full examination. This of course does not apply to candidates for admission to Teacher Training Colleges or entrants to the teaching profession where a full examination is always carried out including a chest X-ray. The figures for 1969 were as follows:-

Medical examinations carried out on candidates -				
(a) for admission to Teacher Training colleges	...	...	...	140 (146)
(b) for entry to the teaching profession	...	...	...	57 (72)
Number of questionnaires received from other staff	...	...	...	878 (622)
Number of clinical examinations arising from completed questionnaires				13 (24)

The 1968 figures are in parentheses.

VISITORS TO THE DEPARTMENT

Once again there were many visitors to the department, a high proportion of them following a course of study in one form or another and seeking an insight into the working of the department.

The University of Edinburgh, Department of Nursing Studies, asked us to take an International School Student for a week and the East Anglian Regional Hospital Board attached one of their administration trainees for a week.

Two doctors, one from the United Arab Republic, one from Thailand, who had been awarded W.H.O. Fellowships, spent some time in the department as did two students attending a Training Course for Officers from Developing Countries at the Local Government Institute at Birmingham.

In every case a programme designed to meet the particular interests of the student is worked out including visits to appropriate establishments.

The East Anglian Regional Hospital Board also arranges for their newly appointed medical officers to have "induction" programmes which include visits to the department to get some idea of the working of the local authority health services.

Mention is made elsewhere of the visit of Mr. Julian Snow, M.P., Parliamentary Secretary to the Department of Health and Social Security and other officers of that department to the Sawston Health Centre.

FOOD AND DRUGS ACT, 1955

The County Council is responsible for the administration of the Food and Drugs Act, 1955. Thirty-two samples of raw milk were taken in the county (apart from Chesterton Rural District Council area) during the year by the Weights and Measures Department of which two proved positive.

The public health inspectors are responsible for the taking of milk samples in the area of Chesterton Rural District Council.

VITAL STATISTICS

Area Comparability Factors

In order to compare the statistics of birth and death rates in the county districts with the birth and death rates for England and Wales, it is necessary to make a correction for the difference in age and sex distribution of the different populations. This is done by applying to the crude birth and death rates of the district concerned "Area Comparability Factors" which have been estimated by the Registrar General and are shown in the tables relating to live births and deaths which appear on pages 55 and 58 respectively.

Population

The Registrar General's mid-1969 estimate showed an increase of 1,090 on the figure for mid-1968. For the first time for very many years the figure for the City of Cambridge decreased, in fact by 270, but the figure for the county area rose by 1,360.

Births

The live and still birth figures relate to occurrences in the calendar year rather than registrations. The comparable birth rate of 14.4 is 1.9 lower than the average for England and Wales (16.3) which has shown a decrease of 0.6 on last year's figures.

The number of illegitimate live births fell from 305 to 231 in 1969. Shown as a percentage of the total live births occurring in the Administrative County this is 5.0% compared with 6.8% for 1968. The percentage of illegitimate live births in the urban areas was 7.0% (8.8% in 1968); in the rural areas 4.0% (4.9% in 1968).

Stillbirths

The number of stillbirths occurring in the Administrative County fell from 58 in 1968 to 39 in 1969, giving the rate per thousand total births as 9.0 (13.0 in 1968). The rates for the urban areas and rural areas respectively were 7.0 (16.0 in 1968) 10.0 (10.0 in 1968). The rate for England and Wales was 13.0.

Infant Mortality

The infant mortality rate for the Administrative County (deaths of children under one year of age per thousand live births) rose from 14.0 in 1968 to 16.0 in 1969. The rates for the urban areas and rural areas respectively were 12.0 (13.0 in 1968) and 19.0 (14.0 in 1968). The rate for England and Wales was 18.0.

The illegitimate infant mortality rate (deaths of illegitimate infants under one year of age per 1000 illegitimate live births) rose from 9.8 in 1968 to 26.0 in 1969 but once again it must be emphasised that the relative smallness of the numbers involved renders this rate subject to wide fluctuations.

The neonatal death rate (deaths in the first four weeks of life per 1,000 live births) rose from 8.2 in 1968 to 11.0 in 1969. This compares with a figure for England and Wales of 12.0. The respective figures for urban and rural areas were 9.0 (8.9 in 1968) and 13.0 (7.6 in 1968).

The early neonatal death rate (deaths in the first week of life per 1,000 live births) rose in the Administrative County from 6.4 in 1968 to 9.0 in 1969. The rates for the urban and rural areas respectively were 8.0 (6.5 in 1968) and 9.0 (6.3 in 1968).

Since the main loss of young life today occurs either prenatally or in the first week of life, it is customary to express the loss as a perinatal mortality rate (still births and deaths in the first week of life combined per 1,000 live and still births). The rates for the Administrative County were 17.0 (19.0 in 1968); urban areas 16.0 (22.0 in 1968); rural areas 19.0 (16.0 in 1968). The rate for England and Wales was 23.0.

Deaths

The comparable death rate for the Administrative County was 10.6 per 1,000 population; that for England and Wales was 11.9.

International Classification of Diseases - Mortality

The enlarged list of causes of mortality used for the first time last year has been used again this year but with additional headings relating to malignant neoplasms which have been included to improve comparability with statistics published each year in the Registrar General's Review.

Once again the greatest causes of mortality were heart disease (1,030) cancer (670) and cerebrovascular disease (492).

The number of deaths from cancer of all sites rose from 651 to 670, the whole of the rise affecting females, there were in fact 2 less deaths in males. The number of deaths from cancer of the lung and bronchus fell from 172 to 156, a fall of 11 in males and 5 in females.

Deaths of persons over the age of 65 amounted to 73.9% of the total deaths, a fall of 0.8% on last year.

POPULATION

Administrative County	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
	273,050	277,900	280,640	282,950	287,870	291,030	294,010	296,930	301,470	302,560

URBAN DISTRICTS

<u>Area</u>	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Cambridge M.B.	93,840	94,810	95,380	96,020	98,390	99,270	99,830	100,340	100,470	100,200
Chatteris	5,580	5,520	5,520	5,500	5,470	5,490	5,520	5,520	5,520	5,510
Ely	9,790	9,810	9,800	9,920	10,010	10,040	10,030	10,030	10,060	10,020
March	13,280	13,140	13,240	13,230	13,240	13,180	13,200	13,410	13,800	14,080
Whittlesey	9,050	9,390	9,460	9,540	9,630	9,710	9,820	9,900	11,000	11,060
Wisbech M.B.	17,170	17,460	17,550	17,520	17,520	17,500	17,410	17,410	17,550	17,510
Total	148,710	150,130	150,940	151,740	154,260	155,190	155,810	156,610	158,400	158,380

RURAL DISTRICTS

<u>Area</u>	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Chesterton	43,970	45,380	46,970	47,540	49,000	49,430	50,080	50,500	51,580	52,040
Ely	14,500	14,340	14,370	14,520	14,540	14,560	14,630	14,760	14,920	15,050
Newmarket	20,060	20,930	21,100	21,150	21,360	21,720	22,040	22,310	22,500	22,530
North Witchford	4,770	4,650	4,650	4,620	4,620	4,580	4,570	4,560	4,550	4,550
South Cambs.	28,390	29,880	29,940	30,630	31,260	32,650	33,810	35,020	36,280	36,620
Wisbech	12,650	12,590	12,670	12,750	12,830	12,900	13,070	13,170	13,240	13,290
Total	124,340	127,770	129,700	131,210	133,610	135,840	138,200	140,320	143,070	144,180

LIVE BIRTH RATES PER THOUSAND POPULATION

England and Wales 1969 - 16.3

AREA	1965			1966			1967			1968			1969		
	No.	Rate	Com-para-bility factor	No.	Rate	Com-para-bility factor	No.	Rate	Com-para-bility factor	No.	Rate	Com-para-bility factor	No.	Rate	Com-para-bility factor
Administrative County	4815	16.5	0.99	4638	15.7	0.99	4654	15.7	0.99	4506	14.9	0.99	4392	14.5	0.99
<u>URBAN DISTRICTS</u>															
Cambridge M.B.	1494	15.0	0.96	1421	14.2	0.96	1353	13.5	0.97	1318	13.5	0.97	1167	11.6	0.97
Chatteris	87	15.8	1.06	61	11.0	1.06	81	14.7	1.06	73	13.2	1.06	74	13.4	1.06
Ely	143	14.2	0.97	146	14.5	0.97	138	13.8	0.97	120	11.9	0.97	120	12.0	0.97
March	202	15.3	1.05	196	14.8	1.05	206	15.4	1.05	230	16.7	1.05	228	16.2	1.05
Whittlesey	191	19.7	1.01	149	15.2	1.01	185	18.7	1.01	160	14.5	1.00	149	13.5	1.00
Wisbech M.B.	282	16.1	1.03	292	16.8	1.03	270	15.5	1.03	240	13.7	1.03	280	16.0	1.03
AGGREGATE	2399	15.5	0.98	2265	14.5	0.98	2233	14.3	0.99	2141	13.5	0.99	2018	12.7	0.99
<u>RURAL DISTRICTS</u>															
Chesterton	899	18.2	0.94	849	16.9	0.94	876	17.3	0.94	904	17.5	0.94	865	16.6	0.94
Ely	226	15.5	1.07	209	14.3	1.07	238	16.1	1.07	231	15.5	1.07	250	16.6	1.07
Newmarket	376	17.3	1.02	384	17.4	1.02	363	16.3	1.02	362	16.1	1.02	365	16.1	1.02
North Witchford	50	10.9	1.02	57	12.5	1.02	67	14.7	1.02	49	10.8	1.02	55	12.1	1.02
South Cambs.	657	20.1	1.01	639	18.9	1.01	649	18.5	1.00	594	16.4	1.00	646	17.6	1.00
Wisbech	208	16.1	1.01	235	18.0	1.01	228	17.3	1.01	225	17.0	1.01	193	14.5	1.01
AGGREGATE	2416	17.8	0.99	2373	17.2	0.99	2421	17.3	0.99	2365	16.5	0.99	2374	16.5	0.99

ILLEGITIMATE LIVE BIRTHS (Rate per cent of total live births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1965	309	6.4	175	7.3	134	5.5
1966	276	5.9	174	7.7	102	4.3
1967	315	6.7	194	8.7	121	5.0
1968	305	6.8	189	8.8	116	4.9
1969	231	5.0	137	7.0	94	4.0

STILL BIRTHS (Rate per thousand total births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1965	52	10.7	26	10.7	26	10.6
1966	72	15.3	36	15.6	36	14.9
1967	66	14.0	26	12.0	40	16.0
1968	58	13.0	34	16.0	24	10.0
1969	39	9.0	15	7.0	24	10.0

England and Wales 1969 - 13.0

TOTAL LIVE AND STILL BIRTHS

Area	1965	1966	1967	1968	1969
Administrative County	4,867	4,710	4,720	4,564	4,431
<u>URBAN DISTRICTS</u>					
Cambridge M.B.	1,508	1,446	1,369	1,332	1,177
Chatteris	88	61	83	74	74
Ely	144	147	139	123	120
March	205	201	208	235	230
Whittlesey	194	151	190	163	149
Wisbech	286	295	270	248	283
Aggregate	2,425	2,301	2,259	2,175	2,033
<u>RURAL DISTRICTS</u>					
Chesterton	910	862	888	913	873
Ely	227	215	245	233	254
Newmarket	383	388	369	364	369
North Witchford	51	59	67	51	56
South Cambs.	661	645	663	601	652
Wisbech	210	240	229	227	194
Aggregate	2,442	2,409	2,461	2,399	2,398

INFANT MORTALITY (Deaths under one year per thousand live births)
England and Wales 1969 - 18.0

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1965	75	15.6	44	18.3	31	12.8
1966	69	14.9	36	15.9	33	13.9
1967	65	14.0	34	15.2	31	12.8
1968	61	14.0	28	13.0	33	14.0
1969	71	16.0	25	12.0	46	19.0

INFANT MORTALITY RATE (legitimate) (Rate per thousand legitimate live births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1965	67	14.9	39	17.5	28	12.3
1966	67	15.6	36	17.2	31	13.6
1967	57	13.1	27	13.1	30	13.4
1968	58	13.8	25	12.8	33	14.7
1969	65	16.0	23	12.0	42	18.0

INFANT MORTALITY RATE (Illegitimate)
 (Rate per thousand illegitimate live births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1965	8	25.8	5	28.6	3	22.4
1966	2	7.2	-	-	2	19.6
1967	8	25.4	7	36.1	1	8.2
1968	3	9.8	3	15.9	-	-
1969	6	26.0	2	15.0	4	43.0

NEONATAL DEATH RATE
 (Deaths in first 4 weeks of life per 1,000 live births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1965	57	11.8	32	13.3	25	10.3
1966	49	10.6	23	10.2	26	10.9
1967	48	10.3	26	11.6	22	9.1
1968	37	8.2	19	8.9	18	7.6
1969	48	11.0	18	9.0	30	13.0

EARLY NEONATAL DEATH RATE
(Deaths in first week of life per 1,000 live births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1965	50	10.4	28	11.6	22	9.1
1966	42	9.1	16	7.5	26	10.9
1967	41	8.8	22	9.8	19	7.8
1968	29	6.4	14	6.5	15	6.3
1969	38	9.0	17	8.0	21	9.0

PERINATAL MORTALITY RATE
(Stillbirths and deaths in first week of life combined
per 1,000 total live and still births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1965	102	20.9	54	22.2	48	19.7
1966	114	24.2	52	22.6	62	25.7
1967	107	22.7	48	21.2	59	23.9
1968	87	19.0	48	22.0	39	16.0
1969	77	17.0	32	16.0	45	19.0

MATERNAL DEATHS (Rate per thousand total births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1965	2	0.41	-	-	2	0.82
1966	-	-	-	-	-	-
1967	1	0.21	1	0.44	-	-
1968	1	0.22	1	0.46	-	-
1969	1	0.22	-	-	1	0.42

DEATH RATES PER THOUSAND POPULATION

England and Wales 1969 - 11.9

	County			Urban Area Aggregate			Rural Area Aggregate		
	No.	Rate	Compara- bility factor	No.	Rate	Compara- bility factor	No.	Rate	Compara- bility factor
1965	3017	10.4	0.94	1587	10.2	0.95	1430	10.5	0.93
1966	3056	10.4	0.96	1670	10.7	0.98	1386	10.0	0.93
1967	3039	10.2	0.95	1647	10.5	0.94	1392	9.9	0.95
1968	3313	11.0	0.95	1748	11.0	0.94	1565	10.9	0.94
1969	3328	11.0	0.96	1722	10.9	0.95	1606	11.1	0.95

TUBERCULOSIS DEATHS (all forms)
(Rate per 1,000 population)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1965	12	0.04	3	0.02	9	0.06
1966	7	0.02	4	0.02	3	0.02
1967	5	0.02	2	0.01	3	0.02
1968	6	0.02	3	0.02	3	0.02
1969	9	0.03	4	0.03	5	0.03

CANCER DEATHS

	County				Urban Area Aggregate				Rural Area Aggregate			
	Male		Female		Male		Female		Male		Female	
	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus	All Sites	Lung & Bronchus
1965	335	118	270	27	175	62	151	18	160	56	119	9
1966	347	107	267	25	188	67	138	14	159	40	129	11
1967	306	113	287	17	164	63	174	10	142	50	113	7
1968	364	143	287	29	198	78	168	15	166	65	119	14
1969	362	132	308	24	196	74	176	13	166	58	132	11

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

AGGREGATE OF URBAN DISTRICTS

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years										75 and over
					1-	5-	15-	25-	35-	45-	55-	65-			
Cholera	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Typhoid Fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Bacillary dysentery and amoebiasis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Enteritis and other diarrhoeal diseases	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Tuberculosis of respiratory system	M	-	-	-	-	-	-	-	-	1	-	-	1		
	F	2	-	-	-	-	-	-	-	-	-	-	-		
Other tuberculosis, inclu. late effects	M	1	-	-	-	-	-	-	-	-	1	-	-		
	F	1	-	-	-	-	-	-	-	-	-	1	-		
Plague	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Whooping cough	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Streptococcal sore throat and scarlet fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Meningococcal infection	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Acute poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Smallpox	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Measles	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Typhus and other rickettsioses	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Malaria	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Syphilis and its sequelae	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	1	-		
All other infective and parasitic diseases	M	2	-	-	-	-	-	-	-	-	1	-	1		
	F	2	-	-	-	-	1	1	-	-	-	-	-		
Malignant neoplasm of buccal cavity and pharynx	M	3	-	-	-	-	-	-	-	-	1	2	-		
	F	3	-	-	-	-	-	-	-	-	-	1	2		
Malignant neoplasm of oesophagus	M	1	-	-	-	-	-	-	-	-	1	-	-		
	F	3	-	-	-	-	-	-	-	-	3	-	-		
Malignant neoplasm - stomach	M	21	-	-	-	-	-	-	-	1	3	9	8		
	F	16	-	-	-	-	-	-	-	-	5	3	8		
Malignant neoplasm of intestine	M	24	-	-	-	-	-	1	1	1	5	9	7		
	F	37	-	-	-	-	-	-	1	4	8	11	13		
Malignant neoplasm of larynx	M	2	-	-	-	-	-	-	-	-	-	2	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant neoplasm - lung, bronchus	M	74	-	-	-	-	-	-	2	10	20	31	11		
	F	13	-	-	-	-	-	-	-	1	6	4	2		
Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	37	-	-	-	-	-	2	4	4	7	8	12		
Malignant neoplasm - uterus	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	10	-	-	-	-	-	-	-	2	2	-	3		
Malignant neoplasm of prostate	M	18	-	-	-	-	-	2	-	2	2	-	9		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Leukemia	M	1	-	-	-	-	1	-	-	-	-	-	-		
	F	5	-	-	-	-	-	-	1	1	-	1	2		
Other malignant neoplasms	M	52	-	-	-	-	2	-	-	3	16	13	14		
	F	52	-	-	-	-	-	-	2	4	15	14	17		
Benign and unspecified neoplasms	M	1	-	-	-	-	-	-	-	-	-	-	1		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Diabetes mellitus	M	7	-	-	-	-	-	-	-	-	1	3	3		
	F	7	-	-	-	-	-	-	-	-	-	4	3		
Avitaminoses and other nutritional deficiency	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	1	-		
Other endocrine, nutritional and metabolic diseases	M	2	-	-	-	-	-	-	-	-	-	1	1		
	F	8	-	-	-	-	-	-	-	1	1	3	3		
Anaemias	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	4	-	-	-	-	2	-	-	-	-	1	1		
Other diseases of blood and blood-forming organs	M	2	-	-	-	-	-	-	-	1	1	-	-		
	F	1	-	-	1	-	-	-	-	-	-	-	-		
Mental disorders	M	1	-	-	-	-	1	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	1	-	-	-		
Meningitis	M	1	-	1	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other diseases of nervous system and sense organs	M	10	-	1	-	-	-	-	1	2	-	1	5		
	F	13	-	-	1	-	-	1	-	2	1	4	4		
Carried Forward	M	223	-	2	-	2	4	3	4	18	52	78	60		
	F	217	-	-	2	-	3	4	8	20	49	60	71		

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years									75 and over
					1-	5-	15-	25-	35-	45-	55-	65-		
<i>Brought forward</i>	M	223	-	2	-	2	4	3	4	18	52	78	60	
	F	217	-	-	2	-	3	4	8	20	49	60	71	
Active rheumatic fever	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Chronic rheumatic heart disease	M	13	-	-	-	-	-	-	1	3	3	1	5	
	F	9	-	-	-	-	-	-	-	3	1	2	3	
Hypertensive disease	M	14	-	-	-	-	-	-	1	1	4	3	5	
	F	15	-	-	-	-	-	-	-	-	1	4	10	
Ischaemic heart disease	M	220	-	-	-	-	-	-	6	17	52	68	77	
	F	166	-	-	-	-	-	-	3	5	11	44	103	
Other forms of heart disease	M	33	-	-	-	-	1	1	-	1	6	6	18	
	F	56	-	-	-	-	-	-	-	-	-	8	48	
Cerebrovascular disease	M	112	-	-	-	-	-	-	-	4	13	36	59	
	F	142	-	-	-	-	-	-	1	1	6	35	99	
Other diseases of the circulatory system	M	28	-	-	-	-	-	-	-	1	5	14	8	
	F	46	-	-	-	-	-	-	1	2	5	9	29	
Influenza	M	7	-	-	-	-	-	-	-	-	-	5	2	
	F	7	-	-	-	-	-	-	-	-	-	3	4	
Pneumonia	M	62	-	1	-	-	-	1	-	2	11	17	30	
	F	54	-	-	-	-	-	-	-	-	5	7	42	
Bronchitis, emphysema	M	70	-	-	-	-	-	-	-	-	13	30	27	
	F	17	-	-	-	-	-	-	-	2	2	3	10	
Asthma	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	2	-	-	-	-	-	-	-	-	2	-	-	
Other diseases of the respiratory system	M	6	-	-	-	-	-	-	-	-	2	3	1	
	F	8	-	-	-	-	-	-	-	1	-	-	7	
Peptic ulcer	M	7	-	-	-	-	-	-	1	-	1	2	3	
	F	3	-	-	-	-	-	-	-	-	-	3	-	
Appendicitis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Intestinal obstruction and hernia	M	1	-	-	-	-	-	-	-	-	-	-	1	
	F	3	-	-	-	-	-	-	-	-	-	2	1	
Cirrhosis of liver	M	3	-	-	-	-	-	-	-	1	2	-	-	
	F	6	-	-	-	-	-	-	-	1	-	4	1	
Other diseases of the digestive system	M	10	1	-	-	-	-	1	-	1	2	1	4	
	F	12	-	-	-	-	-	-	-	-	1	-	11	
Nephritis and nephrosis	M	1	-	-	-	-	-	-	-	-	1	-	-	
	F	4	-	-	-	-	-	-	1	-	-	2	1	
Hyperplasia of prostate	M	7	-	-	-	-	-	-	-	-	1	1	5	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other diseases of the genito-urinary system	M	5	-	-	-	-	-	-	1	-	1	2	1	
	F	5	-	-	-	-	-	-	-	-	1	3	1	
Abortion	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other complications of pregnancy, childbirth and puerperium	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Diseases of the skin and subcutaneous tissue	M	1	-	-	-	-	-	-	-	-	-	-	1	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Diseases of the musculoskeletal system and connective tissue	M	1	-	-	-	-	-	-	-	-	-	-	1	
	F	7	-	-	-	-	-	-	-	1	-	3	3	
Congenital anomalies	M	7	2	1	-	1	-	1	-	1	-	1	-	
	F	5	3	1	1	-	-	-	-	-	-	-	-	
Birth injury, difficult labour, and other anoxic and hypoxic conditions	M	2	2	-	-	-	-	-	-	-	-	-	-	
	F	2	2	-	-	-	-	-	-	-	-	-	-	
Other causes of perinatal mortality	M	6	6	-	-	-	-	-	-	-	-	-	-	
	F	2	2	-	-	-	-	-	-	-	-	-	-	
Symptoms and ill-defined conditions	M	5	-	-	-	-	-	-	-	-	-	-	5	
	F	4	-	-	-	-	1	-	-	-	-	-	3	
Motor vehicle accidents	M	14	-	-	-	-	6	2	-	3	2	1	-	
	F	8	-	-	-	-	-	1	1	-	3	3	-	
All other accidents	M	18	-	1	2	-	2	1	1	1	2	1	7	
	F	25	-	1	-	-	-	-	2	-	-	3	19	
Suicide and self-inflicted injuries	M	8	-	-	-	-	2	1	1	-	4	-	-	
	F	6	-	-	-	-	-	-	1	1	3	1	-	
All other external causes	M	2	-	-	-	-	-	-	-	1	1	-	-	
	F	4	-	-	-	-	-	1	1	1	1	-	-	
TOTAL ALL CAUSES	M	886	11	5	2	3	15	11	16	55	178	270	320	
	F	836	7	2	3	-	4	6	19	38	91	199	467	

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

AGGREGATE OF RURAL DISTRICTS

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years									75 and over
					1-	5-	15-	25-	35-	45-	55-	65-		
Cholera	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Typhoid fever	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Bacillary dysentery and amoebiasis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Enteritis and other diarrhoeal diseases	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	1	-	-	-	-	-	-	-	-	-	
Tuberculosis of respiratory system	M	2	-	-	-	-	-	-	-	-	-	2	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other tuberculosis, incl. late effects	M	3	-	-	-	-	-	-	-	-	-	3	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Plague	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Whooping cough	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Streptococcal sore throat and scarlet fever	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Meningococcal infection	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Acute poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Smallpox	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Measles	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Typhus and other rickettsioses	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Malaria	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Syphilis and its sequelae	M	2	-	-	-	-	-	-	-	1	-	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
All other infective and parasitic diseases	M	5	3	-	-	1	-	-	-	-	1	-	-	
	F	1	1	-	-	-	-	-	-	-	-	-	-	
Malignant neoplasm of buccal cavity and pharynx	M	2	-	-	-	-	-	-	-	-	1	-	1	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Malignant neoplasm of oesophagus	M	6	-	-	-	-	-	-	2	-	1	1	2	
	F	5	-	-	-	-	-	-	-	-	-	2	3	
Malignant neoplasm - stomach	M	17	-	-	-	-	-	-	1	1	7	5	3	
	F	14	-	-	-	-	-	-	-	-	-	4	10	
Malignant neoplasm of intestine	M	17	-	-	-	-	-	1	-	-	3	4	9	
	F	21	-	-	-	-	-	-	1	-	6	3	11	
Malignant neoplasm of larynx	M	2	-	-	-	-	-	-	-	-	1	1	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Malignant neoplasm - lung, bronchus	M	58	-	-	-	-	-	1	1	4	22	19	11	
	F	11	-	-	-	-	-	-	-	3	2	4	2	
Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	34	-	-	-	-	-	2	-	-	13	8	8	
Malignant neoplasm - uterus	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	9	-	-	-	-	-	-	-	-	-	4	2	
Malignant neoplasm of prostate	M	17	-	-	-	-	-	-	-	-	-	5	11	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Leukemia	M	6	-	-	-	1	-	-	-	1	2	2	-	
	F	4	-	-	-	-	-	-	-	1	-	-	3	
Other malignant neoplasms	M	41	-	-	-	-	4	1	4	2	15	12	3	
	F	33	-	-	-	1	1	1	2	3	6	11	8	
Benign and unspecified neoplasms	M	1	-	-	-	-	-	-	-	-	1	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Diabetes mellitus	M	5	-	-	-	-	-	1	-	-	1	1	2	
	F	5	-	-	-	-	-	-	-	-	1	2	2	
Avitaminoses and other nutritional deficiency	M	1	-	-	-	-	-	-	-	-	-	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other endocrine, nutritional and metabolic diseases	M	2	-	1	-	-	-	1	-	-	-	-	-	
	F	6	-	-	1	-	-	-	-	-	1	3	1	
Anaemias	M	1	-	-	-	-	-	-	-	-	-	1	-	
	F	5	-	-	-	-	-	-	-	-	-	2	3	
Other diseases of blood and blood-forming organs	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Mental disorders	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	2	-	-	-	-	-	-	-	-	-	1	1	
Meningitis	M	1	-	1	-	-	-	-	-	-	-	-	-	
	F	1	-	1	-	-	-	-	-	-	-	-	-	
Other diseases of nervous system and sense organs	M	9	-	-	-	1	-	-	2	2	-	2	2	
	F	3	-	-	-	-	-	-	1	-	-	1	1	
Carried forward	M	198	3	2	-	3	4	5	10	11	55	58	46	
	F	158	1	2	1	1	1	3	5	10	31	45	58	

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years									75 and over
					1-	5-	15-	25-	35-	45-	55-	65-		
<i>Brought forward</i>	M	198	3	2	-	3	4	5	10	11	55	58	46	
	F	158	1	2	1	1	1	3	5	10	31	45	58	
Active rheumatic fever	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Chronic rheumatic heart disease	M	6	-	-	-	-	-	-	-	-	3	1	2	
	F	6	-	-	-	-	-	-	-	-	1	2	3	
Hypertensive disease	M	11	-	-	-	-	-	-	-	-	2	7	2	
	F	13	-	-	-	-	-	-	-	-	-	5	8	
Ischaemic heart disease	M	226	-	-	-	-	-	-	4	11	46	71	94	
	F	159	-	-	-	-	-	-	1	4	12	38	104	
Other forms of heart disease	M	33	-	-	-	-	-	-	-	3	1	6	23	
	F	50	-	-	-	-	-	-	-	1	2	7	40	
Cerebrovascular disease	M	92	-	-	-	-	-	-	-	2	12	31	47	
	F	146	-	-	-	-	-	-	1	3	10	44	88	
Other diseases of the circulatory system	M	24	-	-	-	-	-	-	-	-	-	8	16	
	F	30	-	-	-	-	-	-	2	-	1	7	20	
Influenza	M	3	-	-	-	-	-	-	-	-	1	1	1	
	F	2	-	-	-	-	-	-	-	-	-	1	1	
Pneumonia	M	67	-	-	-	1	2	-	1	1	7	16	39	
	F	82	1	1	-	1	1	-	1	-	3	15	59	
Bronchitis, emphysema	M	64	-	-	-	-	-	-	-	1	12	22	29	
	F	13	-	-	-	-	-	-	-	-	1	4	8	
Asthma	M	3	-	-	-	-	-	-	1	-	1	1	-	
	F	4	-	-	-	-	-	1	-	-	-	-	3	
Other diseases of the respiratory system	M	7	-	-	-	-	-	-	-	-	1	1	5	
	F	3	-	-	-	-	-	-	-	-	-	-	3	
Peptic ulcer	M	2	-	-	-	-	-	-	-	-	1	-	1	
	F	5	-	-	-	-	-	-	-	-	-	-	5	
Appendicitis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
Intestinal obstruction and hernia	M	3	-	-	-	-	-	-	-	-	-	1	2	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Cirrhosis of liver	M	2	-	-	-	-	-	-	-	-	1	-	1	
	F	2	-	-	-	-	-	-	-	-	1	1	-	
Other diseases of the digestive system	M	6	-	-	-	-	-	-	1	-	-	2	3	
	F	10	-	-	-	-	-	-	-	-	-	4	6	
Nephritis and nephrosis	M	7	-	-	-	-	-	-	-	-	3	2	2	
	F	2	-	-	-	-	-	-	-	-	-	2	-	
Hyperplasia of prostate	M	6	-	-	-	-	-	-	-	-	-	1	5	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other diseases of the genito-urinary system	M	4	-	-	-	-	-	-	-	-	1	1	2	
	F	5	-	-	-	-	-	-	-	-	1	1	3	
Abortion	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other complications of pregnancy, childbirth and puerperium	M	-	-	-	-	-	-	-	-	1	-	-	-	
	F	1	-	-	-	-	1	-	-	-	-	-	-	
Diseases of the skin and sub-cutaneous tissue	M	-	-	-	-	-	-	-	-	-	-	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Diseases of the musculoskeletal system and connective tissue	M	5	-	-	-	-	-	-	-	2	1	-	2	
	F	3	-	-	-	-	-	-	-	-	1	-	2	
Congenital anomalies	M	9	3	3	-	-	-	-	-	-	2	-	1	
	F	7	4	1	-	-	1	-	-	-	-	-	-	
Birth injury, difficult labour, and other anoxic and hypoxic conditions	M	4	-	-	-	-	-	-	-	1	-	-	-	
	F	2	-	-	-	-	-	-	-	-	-	-	-	
Other causes of perinatal mortality	M	7	7	-	-	-	-	-	-	-	-	-	1	
	F	5	5	-	-	-	-	-	-	-	-	-	-	
Symptoms and ill-defined conditions	M	7	-	-	-	-	1	-	-	-	1	-	6	
	F	5	-	-	-	-	-	-	-	-	-	1	8	
Motor vehicle accidents	M	14	-	-	-	-	4	1	2	1	-	-	1	
	F	9	-	-	-	-	3	1	1	-	-	-	1	
All other accidents	M	21	-	-	1	-	1	1	-	2	2	1	8	
	F	34	-	-	1	-	-	1	-	1	-	8	21	
Suicide and self-inflicted injuries	M	7	-	-	-	-	1	-	1	1	-	-	1	
	F	4	-	-	-	-	1	-	1	-	2	-	-	
All other external causes	M	1	-	-	-	-	1	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	-	
TOTAL ALL CAUSES	M	839	17	10	2	5	13	7	20	35	157	234	339	
	F	767	13	6	2	2	8	6	12	20	67	189	442	

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

ADMINISTRATIVE COUNTY

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years									75 and over
					1-	5-	15-	25-	35-	45-	55-	65-		
Cholera	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Typhoid fever	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Bacillary dysentery and amoebiasis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Enteritis and other diarrhoeal diseases	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	1	-	-	-	-	-	-	-	-	-	
Tuberculosis of respiratory system	M	2	-	-	-	-	-	-	-	-	-	2	-	
	F	2	-	-	-	-	-	-	-	1	-	-	1	
Other tuberculosis, incl. late effects	M	4	-	-	-	-	-	-	-	-	1	3	-	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
Plague	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Whooping cough	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Streptococcal sore throat and scarlet fever	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Meningococcal infection	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Acute poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Smallpox	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Measles	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Typhus and other rickettsioses	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Malaria	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Syphilis and its sequelae	M	2	-	-	-	-	-	-	-	1	-	-	1	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
All other infective and parasitic diseases	M	7	3	-	-	1	-	-	-	-	2	-	1	
	F	3	1	-	-	-	1	1	-	-	-	-	-	
Malignant neoplasm of buccal cavity and pharynx	M	5	-	-	-	-	-	-	-	-	2	2	1	
	F	4	-	-	-	-	-	-	-	-	-	1	3	
Malignant neoplasm of oesophagus	M	7	-	-	-	-	-	-	2	-	2	1	2	
	F	8	-	-	-	-	-	-	-	-	3	2	3	
Malignant neoplasm - stomach	M	38	-	-	-	-	-	-	1	2	10	14	11	
	F	30	-	-	-	-	-	-	-	-	5	7	18	
Malignant neoplasm of intestine	M	41	-	-	-	-	-	2	1	1	8	13	16	
	F	58	-	-	-	-	-	-	2	4	14	14	24	
Malignant neoplasm of larynx	M	4	-	-	-	-	-	1	-	1	1	3	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Malignant neoplasm - lung, bronchus	M	132	-	-	-	-	-	1	3	14	42	50	22	
	F	24	-	-	-	-	-	-	-	4	8	8	4	
Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	71	-	-	-	-	-	4	5	6	20	16	20	
Malignant neoplasm - uterus	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	19	-	-	-	-	-	-	-	3	4	7	5	
Malignant neoplasm of prostate	M	35	-	-	-	-	-	-	-	-	3	12	20	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Leukaemia	M	7	-	-	-	1	1	-	-	1	2	2	-	
	F	9	-	-	-	-	-	-	1	1	1	1	5	
Other malignant neoplasms	M	93	-	-	-	2	6	3	4	5	31	25	17	
	F	85	-	-	-	1	1	1	4	7	21	25	25	
Benign and unspecified neoplasms	M	2	-	-	-	-	-	-	-	-	-	-	1	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Diabetes mellitus	M	12	-	-	-	-	-	1	-	-	2	4	5	
	F	12	-	-	-	-	-	-	-	-	1	6	5	
Avitaminoses and other nutritional deficiency	M	1	-	-	-	-	-	-	-	-	-	-	1	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
Other endocrine, nutritional and metabolic diseases	M	4	-	1	-	-	-	1	-	-	-	1	1	
	F	14	-	-	1	-	-	-	-	1	2	6	4	
Anaemias	M	1	-	-	-	-	-	-	-	-	-	1	-	
	F	9	-	-	-	-	2	-	-	-	-	3	4	
Other diseases of blood and blood- forming organs	M	2	-	-	-	-	-	-	-	1	1	-	-	
	F	2	-	-	1	-	-	-	-	-	-	-	1	
Mental disorders	M	1	-	-	-	-	1	-	-	-	-	-	-	
	F	3	-	-	-	-	-	-	-	1	-	1	1	
Meningitis	M	2	-	2	-	-	-	-	-	-	-	-	-	
	F	1	-	1	-	-	-	-	-	-	-	-	-	
Other diseases of nervous system and sense organs	M	19	-	1	-	1	-	-	3	4	-	3	7	
	F	16	-	-	1	-	-	1	1	2	1	5	5	
Carried forward	M	419	3	4	-	5	8	8	14	29	108	134	106	
	F	375	1	2	3	1	4	7	13	30	80	105	129	

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years										75 and over
					1-	5-	15-	25-	35-	45-	55-	65-			
<i>Brought forward</i>	M	419	3	4	-	5	8	8	14	29	108	134	106		
	F	375	1	2	3	1	4	7	13	30	80	105	129		
Active rheumatic fever	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Chronic rheumatic heart disease	M	19	-	-	-	-	-	-	1	3	6	2	7		
	F	15	-	-	-	-	-	-	-	3	2	4	6		
Hypertensive disease	M	25	-	-	-	-	-	-	1	1	6	10	7		
	F	28	-	-	-	-	-	-	-	-	1	9	18		
Ischaemic heart disease	M	446	-	-	-	-	-	-	10	28	98	139	171		
	F	325	-	-	-	-	-	-	4	9	23	82	207		
Other forms of heart disease	M	66	-	-	-	-	1	1	-	4	7	12	41		
	F	106	-	-	-	-	-	-	-	1	2	15	88		
Cerebrovascular disease	M	204	-	-	-	-	-	-	-	6	25	67	106		
	F	288	-	-	-	-	-	-	2	4	16	79	187		
Other diseases of the circulatory system	M	52	-	-	-	-	-	-	-	1	5	22	24		
	F	76	-	-	-	-	-	-	3	2	6	16	49		
Influenza	M	10	-	-	-	-	-	-	-	-	1	6	3		
	F	9	-	-	-	-	-	-	-	-	-	4	5		
Pneumonia	M	129	-	1	-	1	2	1	1	3	18	33	69		
	F	136	1	1	-	1	1	-	1	-	8	22	101		
Bronchitis, emphysema	M	134	-	-	-	-	-	-	-	1	25	52	56		
	F	30	-	-	-	-	-	-	-	2	3	7	18		
Asthma	M	3	-	-	-	-	-	-	1	-	1	1	-		
	F	6	-	-	-	-	-	1	-	-	2	-	3		
Other diseases of the respiratory system	M	13	-	-	-	-	-	-	-	-	3	4	6		
	F	11	-	-	-	-	-	-	-	1	-	-	10		
Peptic ulcer	M	9	-	-	-	-	-	-	1	-	2	2	4		
	F	8	-	-	-	-	-	-	-	-	-	3	5		
Appendicitis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	1	-		
Intestinal obstruction and hernia	M	4	-	-	-	-	-	-	-	-	-	1	3		
	F	4	-	-	-	-	-	-	-	-	-	2	2		
Cirrhosis of liver	M	5	-	-	-	-	-	-	-	1	3	-	1		
	F	8	-	-	-	-	-	-	-	1	1	5	1		
Other diseases of the digestive system	M	16	1	-	-	-	-	1	1	1	2	3	7		
	F	22	-	-	-	-	-	-	-	-	1	4	17		
Nephritis and nephrosis	M	8	-	-	-	-	-	-	-	-	4	2	2		
	F	6	-	-	-	-	-	-	1	-	-	4	1		
Hyperplasia of prostate	M	13	-	-	-	-	-	-	-	-	1	2	10		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other diseases of the genito-urinary system	M	9	-	-	-	-	-	-	1	-	2	3	3		
	F	10	-	-	-	-	-	-	-	-	2	4	4		
Abortion	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other complications of pregnancy, childbirth and puerperium	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	1	-	-	-	-	-	-		
Diseases of the skin and sub-cutaneous tissue	M	1	-	-	-	-	-	-	-	-	-	-	1		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
Diseases of the musculoskeletal system and connective tissue	M	6	-	-	-	-	-	-	-	2	1	-	3		
	F	10	-	-	-	-	-	-	-	1	1	3	5		
Congenital anomalies	M	16	5	4	-	1	-	1	-	1	2	1	1		
	F	12	7	2	1	-	1	-	-	-	1	-	-		
Birth injury, difficult labour, and other anoxic and hypoxic conditions	M	6	6	-	-	-	-	-	-	-	-	-	-		
	F	4	4	-	-	-	-	-	-	-	-	-	-		
Other causes of perinatal mortality	M	13	13	-	-	-	-	-	-	-	-	-	-		
	F	7	7	-	-	-	-	-	-	-	-	-	-		
Symptoms and ill-defined conditions	M	12	-	-	-	-	-	-	-	-	1	-	11		
	F	13	-	-	-	-	1	-	-	-	-	1	11		
Motor vehicle accidents	M	28	-	-	1	1	10	3	2	4	5	1	1		
	F	17	-	-	-	-	3	2	2	-	3	6	1		
All other accidents	M	39	-	6	3	-	3	2	1	3	4	2	15		
	F	59	-	3	1	-	-	1	2	1	-	11	40		
Suicide and self-inflicted injuries	M	15	-	-	-	-	3	1	2	1	4	3	1		
	F	10	-	-	-	-	1	-	2	1	5	1	-		
All other external causes	M	3	-	-	-	-	1	-	-	1	1	-	-		
	F	5	-	-	-	-	-	1	1	2	1	-	-		
TOTAL ALL CAUSES	M	1725	28	15	4	8	28	18	36	90	335	504	652		
	F	1603	20	8	5	2	12	12	31	58	158	388	909		

NOTIFICATION OF INFECTIOUS DISEASE IN CAMBRIDGE CITY IN AGE GROUPS, 1969

Age in Years	Measles	Dysentery	Scarlet Fever	Diphtheria	Acute Meningitis	Acute Poliomyelitis		Age in Years	Tetanus	Infective Jaundice
						Paralytic	Non Paralytic			
Under 1 year	24	15	-	-	-	-	-	Under 1 year	-	-
1-	63	21	1	-	-	-	-	1-	-	-
2-	101	21	3	-	-	-	-	2-4	-	13
3-	103	35	6	-	-	-	-	5-9	-	80
4-	98	28	3	-	-	-	-	10-14	-	47
5-9	257	90	13	-	1	-	-	15-19	-	20
10-14	18	13	3	-	-	-	-	20-24	-	31
15-24	6	13	3	-	-	-	-	25-34	-	28
25 and over	5	45	-	-	-	-	-	35-44	-	6
Age unknown	26	7	4	-	-	-	-	45-54	-	6
								55-64	-	2
								65-74	-	1
								75 and over	-	-
								Age unknown	-	8
Totals	701	288	36	-	1	-	-		-	242
1968 Totals	337	16	14	-	- *	-	-		- *	199

Age in years	Acute Encephalitis		Leptospirosis	Paratyphoid fever	Typhoid fever	Food Poisoning	Whooping Cough			
	Infective	Post-Infectious					Age	Number	Age	Number
Under 5 years	-	-	-	-	-	-	Under 3 mths.	-	20-24 yrs.	-
5-14 "	1	-	-	-	-	-	3 months	1	25-34 "	1
15-44 "	-	-	-	1	-	-	6 "	-	35-44 "	-
45-64 "	-	-	-	-	-	-	9 "	-	45-54 "	-
65 and over	-	-	-	-	-	-	1 year	1	55-64 "	-
Age unknown	-	-	-	-	-	-	2-4 years	7	65-74 "	-
							5-9 "	3	75 & over	-
							10-14 "	2	Age unknown	1
							15-19 "	-		
Totals	1	-	-	1	-	-				16
1968 Totals	-	-	- *	-	-	-				37

*: Not notifiable till October 1968
One case of malaria and two cases of ophthalmia neonatorum were also notified.

NOTIFICATIONS OF INFECTIOUS DISEASE IN THE COUNTY (EXCLUDING CITY OF CAMBRIDGE) IN AGE GROUPS, 1969

Age in Years	Measles	Dysentery	Scarlet Fever	Diphtheria	Acute Meningitis	Acute poliomyelitis		Age in Years	Tetanus	Infective Jaundice
						Paralytic	Non Paralytic			
Under 1 year	45	1	1	-	2	-	-	Under 1 year	-	-
1-	109	7	4	-	-	-	-	1-	-	-
2-	145	9	11	-	-	-	-	2-4	-	4
3-	164	9	18	-	-	-	-	5-9	-	14
4-	185	11	16	-	-	-	-	10-14	-	12
5-9	512	101	79	-	1	-	-	15-19	-	9
10-14	43	30	19	-	1	-	-	20-24	-	8
15-24	12	15	1	-	-	-	-	25-34	-	4
25 and over	9	54	6	-	1	-	-	35-44	-	4
Age unknown	-	137	7	-	-	-	-	45-54	-	4
								55-64	-	1
								65-74	-	3
								75 and over	-	2
								Age unknown	-	1
Totals	1224	374	162	-	5	-	-		-	66
1968 Totals	1775	39	87	-	2*	-	-			* 69

Age in years	Acute Encephalitis		Leptospirosis	Paratyphoid fever	Typhoid fever	Food Poisoning	Whooping Cough	
	Infective	Post-Infectious					Age	Number
Under 5 years	-	-	-	-	-	3	Under 3 mths.	1
5-14	-	-	-	-	-	4	3 months	2
15-44	-	-	-	-	-	16	"	1
45-64	-	-	-	-	-	4	"	1
65 and over	-	-	-	-	-	1	1 year	4
Age unknown	-	-	-	-	-	8	2-4 years	21
							5-9 "	28
							10-14 "	1
							15-19 "	-
Totals	-	-	-	-	-	36		
1968 Totals	-	-	- *	-	-	25		

* Not notifiable till October 1968

CAMBRIDGESHIRE AND ISLE OF ELY
EDUCATION COMMITTEE

ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
for the
Year ending 31st December 1969

FOREWORD

This, the fifth, annual report on the school health service in the County of Cambridge-shire and Isle of Ely records once again a year of continued steady progress, with administration finally centralised, the staffing position generally adequate - other than in respect of the speech therapy service, and the general health of our school population remaining very satisfactory. This last after all is what really matters and reflects great credit on all concerned, not least the parents who, with only occasional exceptions, are ever ready to accept the advice given them on the physical and mental well-being of their children, as also to take full advantage of all the many facilities available to them in this modern age through the national health service and the school health service, facilities which to those of us who have been long in the field once seemed remote, if not indeed undreamt of, when first we took up this particular work. Regrettably there are still some who do not appreciate what is involved in the school health service or to what extent specialist knowledge and experience are a pre-requisite of such work, in fact that the true objective is to ensure, as far as is humanly possible, that every child, no matter how handicapped, is in every way made fully able to derive the maximum possible benefit from the devoted work of the teachers. To this end the service has developed over the years so that now it can be said that no child's education, whatever physical or mental difficulties may occur, cannot be adequately provided for. That is not to say that the service has outlived its usefulness. There is yet much to be done and it is not possible to foresee what further developments may lie ahead, not least in the field of health education, the importance of which when properly organised on a systematic basis cannot be over emphasised.

It is to be hoped that all who chance upon this report will read it in detail, not just glancing at the figures and this foreword. The really important facts only emerge in a close study of the comments of those having special responsibility for the various facets of the service but, in this connection, there are certain matters to which it seems only right to draw special attention: for instance, and in no particular order of precedence, merely as they come to mind, the remarks of the joint principal school dental officer regarding the improved dental surgery accommodation in our new health centres, and his opinion on the effect this has had on attendances; the need for more orthoptic treatment facilities throughout the county, to which reference is made both by our ophthalmologist and by our orthoptist; the work of, and the need for, child guidance, and the concomitant necessity for parent guidance, just as necessary although less talked about, reported on by the consultant child psychiatrists; the continuing chronic shortage of speech therapists, which they may - would that it were must - feel unlikely to be relieved other than by the drastic remedy of salary revision - it is regretted that the comments made here in a similar vein two years ago have had no more tangible result than sympathetic murmurs of agreement, neither the ancient concept of just deserts nor indeed, in the current jargon, its modern equivalent of job evaluation seeming thought worthy of application to such an apparently obscure and little understood speciality; the service for children with impaired hearing, dealt with in the county medical officer's report by the senior teacher, where it will be noted with pleasure that during the year a special unit was opened in March, the town, to serve the northern part of the county. These then are some of the comments which warrant particular mention, but in fact it is hoped that the whole report will merit close attention.

In conclusion it is but just to tender thanks to all concerned for their work, enthusiasm, and ever willing co-operation, and as a final word reference must be made to the tragic loss to our service by the recent deaths of Dr. Glennie and Miss Perrers Taylor after long illnesses, both of whom have worked nobly in their respective fields of child guidance and ophthalmology over many years. They will not readily be replaced, or forgotten.

M.E. HOCKEN

Principal School Medical Officer

5th August 1970

This report is prepared in accordance with Section 92 of the Education Act 1944. The City of Cambridge is an Excepted District under this Act, and the figures and comment in this Report relate to the service in the rural area. Those relating to the City are given as part of the Annual Report of the City Medical Officer of Health.

NUMBER OF CHILDREN ON ROLL

Primary School	19,770
Secondary Modern Schools	9,293
Secondary Grammar Schools	1,344
Nursery Schools	60
Special Schools	48
Total	<u>30,515</u>

ARRANGEMENTS FOR SCHOOL MEDICAL INSPECTION

Dr. Garson retired at the end of August 1969 and we were fortunate that Dr. Brereton was willing to return to work on a part-time basis in the northern part of the county. Dr. Murdoch, senior medical officer, commenced duty in September.

In the schools, the system of routine medical inspection, with visits spread over the term, was continued, and here I would like to acknowledge the help given by all teaching staff in arranging convenient dates for medical examinations. The number of children seen at routine inspections was slightly up on the previous year, but the number re-inspected has fallen considerably.

MEDICAL INSPECTION AND TREATMENT

<u>Numbers Inspected</u>	Periodic Inspections	10,046
	Special Inspections	153
	Re-inspections	6,254
	Total	16,453

Proportion of Children Found to require Treatment

The proportion of children found at periodic inspection to require treatment, for defects other than dental diseases and infestation of heads, was 5.3% as compared with 5.6% last year and 14.3% in the previous year. Defective vision was found in 384 of the 534 individual children found to require treatment, a higher proportion than in previous years. The proportion of children with unsatisfactory physical condition was .04%, the corresponding figure for 1968 being .014%.

Recuperative Holidays

During the year one child spent a fortnight at the British Diabetic Association's holiday camp.

SCHOOL DENTAL SERVICE

Dr. F.E. Adams and Mr. J.R. Toller are the joint principal dental officers for the county.

Dr. Adams reports as regards the northern area:-

" The staffing position remained the same throughout the year. While we could do with additional dental staff, we were fortunate in that no deterioration of the staffing position occurred. Miss Doherty, a part time dental surgeon, left the service on leaving the district, but we were fortunate in obtaining the part time services of another dental surgeon, Miss Greenwood. The two dental auxiliaries left to get married in the summer, but we were able to appoint two newly qualified auxiliaries to take their place. They commenced duties in September, Miss Stevenson at March and Miss French at Wisbech.

Three health centres were opened during the year. Those at March and Whittlesey each have two dental surgeries, and the Littleport health centre has one surgery. All the surgeries are fitted out with up to date dental equipment. Each health centre has a dental X-ray apparatus. The X-ray machine in the Littleport surgery is of the very latest design which incorporates an electronic selector. All the health centres possess facilities for the administration of general dental anaesthetics. A photograph of a small child receiving dental treatment at the March health centre appears in the latest issue of the official government publication "On the state of the public health - the Annual report of the Chief Medical Officer of the Ministry of Health".

As the staffing position remained static throughout the year, the amount of work carried out was similar to that of the previous year. Owing to shortage of dental staff we were not able to give every school child a dental inspection: in fact we managed to give just over half our school population a "first inspection" during the year - a far from satisfactory state of affairs.

During the year the maternity and child welfare cases continued to receive dental treatment, and the school dental officers devoted approximately one eleventh of their clinic time to these priority groups - which is what they are supposed to do. The impression is gained that since the opening of the health centres more patients of the priority groups are seeking treatment from the school dental service. This is probably due to the fact that the school dental service operates inside the health centre, and more people become aware of the dental facilities offered; also it is so easy just to walk to another part of the same building to make a dental appointment, and on seeing the dental surgeries they realise that they are equipped for all forms of dentistry.

During the summer term, students from the Wisbech College, studying for the preliminary certificate in child residential care attended the dental clinics as

observers. They all considered what they saw to be of great value to them.

Dental health education received its share of attention, and the two dental auxiliaries, Miss Law and Miss Troupe, gave many talks, demonstrations, and film shows on this subject in the first half of the year to schools in and around March and Wisbech."

SCHOOL OPHTHALMIC SERVICE

Dr Stenhouse Stewart resigned at the end of March 1969 and it was not until September that we were able to appoint Dr. Neil-Dwyer to do a weekly eye session at Auckland Road clinic, hence the drop in the number of children examined as shown in the following table:-

	Number of examinations	Number of new patients	Number of prescriptions
Doddington Hospital	350	63	54
Wisbech Clarkson Hospital	275	83	72
Ely School Clinic	444	35	104
Dr. D.D. Stenhouse-Stewart, Cambridge	291	126	148
Dr. S. Neil-Dwyer, Cambridge	150	28	85
TOTAL	1,510	335	463

Many children are examined at hospital or elsewhere as the result of reference by the school medical staff as well as other agencies. In this connection, I should like to express my particular thanks to Mr. J. Monckton, consultant ophthalmic surgeon at Newmarket General Hospital, who very willingly sees children who would normally be referred to Dr. Neil-Dwyer, but in whose case the journey to Newmarket is easier than the journey to Cambridge. Moreover, Mr. Monckton is kind enough to send full reports which are most helpful.

Dr. Perrers-Taylor has been unable to hold eye clinics at Ely since October because of ill health and it is with deep regret that I have to report that she died in April 1970.

I am indebted to Dr. Neil-Dwyer, and to Miss B. Johnson the orthoptist at Ely, for submitting the following reports:-

Dr. Neil-Dwyer writes:-

" Due to the long interval without a doctor, and my illness, the clinic has been unsatisfactorily intermittent, resulting in a large waiting list. It is possibly because of this that attendances have been poor at times, patients probably having made alternative arrangements, or simply having become unused to the fact that there is a clinic. Strangely enough bad weather has had little bearing on attendances. Now the waiting list is down to reasonable proportions we anticipate attendances will be more predictable and it is hoped more patients will notify if they are unable to attend. At present 14 or 15 patients are being sent for, to aim at an attendance of 10.

The running of the clinic proceeds satisfactorily. One could wish for closer alliance with an orthoptist, but there would not be enough work to warrant an orthoptist attending the clinic."

Miss Johnson reports:-

" This has been a sad year, in view of Miss Perrers-Taylor's long illness and very recent death. We shall all miss her very much, as will the patients, and her enthusiasm to attend the clinic even during very difficult times.

I am greatly indebted to Mr. Wade at the optician's in the town for his invaluable assistance with cases requiring refraction. He has been most helpful in dealing with these, and has sent a summary of each case with details of present circumstances.

During 1969, 41 sessions were held and 200 of the 272 patients sent for, attended. I feel that 25% is a regrettably high figure for non-attendance, partly due, I feel, to our system of sending for the patients again if they have failed to come. In itself this is a very worthwhile idea, but many patients rely on the fact that they need not be too particular over cancelling inconvenient appointments.

In June of this year I am to be married and unfortunately must move away from Cambridge. I have enjoyed my two years here very much indeed and will be sorry to leave. Miss Marigold Taylor has been appointed in my place and I shall be pleased to give her details concerning the clinic.

The clinic continues to run fairly smoothly with only minor queries arising from the fact that we have now been five months without a consultant."

CHILDREN WITH IMPAIRED HEARING

Routine Audiometric Testing

Sweep testing of all children between their sixth and seventh birthdays was continued during the year. Testing is also undertaken in respect of school children of all ages when it appears to be necessary. As a result 3,522 children were routinely tested of whom 517 were found to require retest. In addition 668 were specially examined or retested and 607 required some further investigation or retest.

Children in Special Classes

22 children from the rural area were in attendance at special units for children with impaired hearing attached to ordinary schools.

Peripatetic Teachers of Children with Impaired Hearing

A report by Mr. J.L. Holmes, senior teacher of children with impaired hearing, appears in that part of the report prepared by the county medical officer of health on page 29.

SPECIAL EDUCATIONAL TREATMENT

The following table gives details of the handicapped children in special schools as at 23rd January 1969, and also shows the numbers of children newly placed in special schools during the year under review. It will be noted that by far the largest category requiring replacement is the educationally sub-normal, followed by the physically handicapped, and we are fortunate in that we have been able to place the majority in day special schools in the city of Cambridge, and at Wilburton Manor and Littleton House, both within the county area.

Special Educational Treatment

Handicapped Pupils

Category	In maintained special schools				In non-maintained special schools				In independent schools		Boarded in homes		Special classes and units not forming part of a special school		Totals		Newly placed in special schools in 1969	
	Day		Boarding		Day		Boarding		M	F	M	F	M	F	M	F	M	F
	M	F	M	F	M	F	M	F										
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1. Blind	-	-	-	-	-	-	4	2	-	-	-	-	-	-	4	2	-	-
2. Partially Sighted	-	-	7	2	-	-	-	-	-	-	-	-	-	-	7	2	-	-
3. Deaf	-	-	4	2	-	-	1	-	1	-	-	-	-	-	6	2	-	-
4. Partially Hearing	-	-	2	-	-	-	2	-	-	-	-	-	9	13	13	13	-	-
5. Physically Handicapped	14	10	1	-	-	-	-	6	6	1	-	-	-	-	21	17	3	4
6. Delicate	-	-	4	-	-	-	-	-	-	-	-	1	-	-	4	1	-	-
7. Maladjusted	-	-	5	-	-	-	-	-	3	2	1	-	-	-	9	2	4	-
8. Educationally Sub-normal	64	24	18	29	-	-	36	-	1	1	-	-	-	-	119	54	11	8
9. Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Speech Defective	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-
Total	78	34	42	33	-	-	43	8	12	4	1	1	9	13	184	93	18	12

CHILD PSYCHIATRIC SERVICE

In the area of the county south of March the consultant child psychiatrists responsible for this service are Dr. R.E. Glennie and Dr. A. Gage. They worked during 1969 from Brookside, Cambridge. Children living in March and the area north of the town are seen by Dr. B.F. Whitehead who is consultant child psychiatrist for the Peterborough area and is based at Peterborough Memorial Hospital. These consultants are employed by the regional hospital board, who provide the child psychiatric service in the area.

The majority of the children seen at these clinics are of school age but the service is also available to pre-school children. At Cambridge the practice was continued of medical officers from the city and the county attending the weekly clinic, and the close liaison which existed between the various personnel has therefore continued. Individual children are discussed with the consultant psychiatrists, and the general practitioners are kept fully in the picture regarding the progress of their patients. Copies of all medical reports on the children are sent to them for information.

I am indebted to Dr. Gage (in the absence of Dr. Glennie, through illness) for the following notes on the work of the child psychiatric service:-

" The clinic has been staffed by two full time consultant child psychiatrists, one part-time senior clinical psychologist, one full time basic grade psychologist, one social worker, and two full time secretaries. For various reasons the clinic has not had its complete establishment of staff in post at any time in the past year. A senior registrar in child psychiatry has just been appointed.

The boundaries of our catchment area are flexible and extend into Suffolk, Norfolk, Essex, Hertfordshire, Bedfordshire and Huntingdonshire, as well as including Cambridgeshire and the City of Cambridge.

The work of the child psychiatric service is predominantly concerned with the investigation and treatment of children and adolescents suffering from a wide range of emotional disturbances, behaviour disorders (including delinquency), psychosomatic illness, learning problems, and psychoses. The greater part of the work is done on an out-patient basis as there are no designated beds for the in-patient treatment of adolescents in the area, and the children's ward of Addenbrooke's Hospital is often inappropriate for dealing with emotionally disturbed children. Adolescents who require in-patient care are treated in Fulbourn Hospital or in the Douglas House Annexe of Addenbrooke's Hospital.

When a child is referred to the clinic, investigation usually reveals that the relationships between all members of the family require consideration and it is not unusual for intensive therapy to be carried out with parents, grandparents, and other relatives while the child is attending for treatment. Treatment of the child may involve psychotherapy, play therapy, prescription of drugs, remedial help with specific learning problems, etc. Very close links exist between clinic staff and officers of the local authority such as school medical officers, maternity and child welfare doctors, education department officials, probation officers, speech therapists, head teachers, etc., so that when changes need to take place in the child's environment these can be facilitated by the personal contacts we have with the other agencies dealing with the child. Regular conferences are held with school medical officers, etc., at which cases of mutual interest are discussed and policy formulated on the handling of individual children. A great deal of time is spent treating the families of children who are resident in the Hawthorns Hostel for the maladjusted children administered by the Local Authority, and the child psychiatrists accept full clinical responsibility for the psychiatric treatment of the children who are admitted there.

The clinic staff participate in the teaching programme at Fulbourn and Addenbrooke's Hospitals and frequent evening talks are given to groups such as Young Wives Clubs, Church Clubs, W.I. Meetings, etc., in an attempt to eradicate the misconceptions that may surround our specialty and to encourage families to take advantage of the help we can offer them if the need arises.

A table is appended showing the number of children and their parents from Cambridgeshire who have attended for investigation and treatment at Brookside during 1969."

Cambridge County Children

New Cases referred and examined in 1969

Child Psychiatric Service, Brookside					
Source of Cases	No. Exam	Notif. to SMO	Treat- ment	Obser- vation	Cons. only
School Medical Officers	39	39	19	16	4
General Practitioners	36	21	17	17	2
Consultants	5	3	4	1	-
Juvenile Court JP's	6	1	1	1	4
Others	26	11	12	11	3
	112	75	53	46	13

Psychiatric Department, Addenbrooke's					
Source of Cases	No. Exam	Notif. to SMO	Treat- ment	Obser- vation	Cons. only
School Medical Officers	10	10	8	2	-
General Practitioners	13	5	8	4	1
Consultants	3	3	3	-	-
Juvenile Court JP's	-	-	-	-	-
Others	3	1	2	1	-
	29	19	21	7	1

Total number of new cases examined: 141

Total number of new cases taken on
for observation and treatment: 127

	Brookside	Addenbrooke's
Cases under observation and treatment brought forward from previous years	103	22
Total number of County children under observation and treatment		<u>252</u>

Cambridge City Children

New cases referred and examined in 1969

Child Psychiatric Service, Brookside					
Source of Cases	No. Exam	Notif. to SMO	Treat- ment	Obser- tion	Cons. only
School Medical Officer	22	22	16	5	1
General Practitioners	23	14	16	5	2
Consultants	3	3	3	-	-
Juvenile Court JP's	9	2	5	2	2
Others	7	3	5	1	1
	64	44	45	13	6

Psychiatric Department, Addenbrooke's					
Source of Cases	No. Exam	Notif. to SMO	Treat- ment	Obser- vation	Cons. only
School Medical Officer	1	1	-	1	-
General Practitioners	9	3	6	2	-
Consultants	6	2	3	3	1
Juvenile Court JP's	-	-	-	-	-
Others	1	-	-	1	-
	17	6	9	7	1

Total number of new cases examined: 81

Total number of new cases taken on
for observation and treatment: 74

	Brookside	Addenbrooke's
Cases under observation and treatment brought forward from previous years	71	24
Total number of city children under observation and treatment		<u>169</u>

Dr. Whitehead writes:

" Whilst there are still a number of children whose illness is of a long standing duration before referral, there is an increased tendency to recognise and refer before the symptoms have become more florid and long standing. This is particularly true of the child who is the potential school phobic. Here early referral of the child, who is showing signs of anxiety over leaving home to go to school, has prevented long absences and intractable symptoms. Also the recognition of the anxious child in the junior school, and referral at this stage, has prevented breakdown when the time has come to enter the large secondary school, which can quite commonly become the final precipitating factor. Although there is now a waiting list for patients referred, such school phobic patients are always treated as a matter of urgency.

During the year Miss V.E. Labrum ABPsS DCP MA has been appointed to the post of senior clinical psychologist. This will provide a fuller service. She is particularly experienced in the testing of the pre-school child and it is hoped that this will lead to earlier diagnosis and treatment. She will of course work in close liaison with the educational psychologists and, through them and the school medical officers, will maintain a contact with the schools. Her duties also include projective testing, and providing individual treatment and advice for those children who have individual learning difficulties.

May I once again thank my medical colleagues, in particular the paediatricians, the school medical officers, and general practitioners, for their continued co-operation and support.

It is important to realise that there are many factors influencing a child's mental health, in particular his physical health, his families stresses, and his school adjustment."

Number of new cases seen	35
These were referred by:-	
School Medical Officer	10
General Practitioners	13
Consultants	5
Children's Officer	3
Probation Officers	4
These were dealt with as follows:-	
Treatment	25
Diagnosis	9
Observation	1
Cases under treatment brought forward from 1968	33
Number of cases closed	37

SPEECH THERAPY

I am grateful to Mrs. Hramtsov for the following report on the speech therapy service during 1969:-

" The speech therapy service has again been seriously understaffed this year. Miss F. Cameron left at the end of April and was replaced temporarily by Mrs. F. Jolliffe, who left in September; Miss R. Scott left at the end of June, and Miss J. Grant in August; in September Mrs. D. Goodman joined us for two sessions a week in the county, and in October Mrs. M. Banyard commenced giving one session a week in the city; so that for the last three months of the year we had the equivalent of just over three full-time speech therapists for the whole area, as against an establishment of six.

As will be seen from the accompanying figures, a large number of children who were under treatment during the first part of the year have been put on the "suspended" list (453), and we have continued our policy of giving regular treatment to as many of the urgent cases as possible, while at the same time providing an advisory service for parents and teachers. The number of children referred for speech therapy this year was considerably less than last year's total, as the shortage of therapists available was known to the medical officers and head teachers, but the number on the books at the end of the year had risen by 87, as fewer children were discharged from the treatment list during the year. Towards the end of the year 300 children were receiving either regular or occasional treatment, and 820 were awaiting therapy.

Weekly speech therapy clinics have been held in two of the new health centres in the county, March and Sawston, and, as soon as more speech therapists are available, sessions will be held at the health centres in Whittlesey and Littleport.

We should like to express our thanks for the understanding and co-operation received during this difficult time."

Statistics

Referrals

	<u>County</u>	<u>City of Cambridge</u>	<u>Total</u>
Number awaiting examination at end of 1969	31	15	46
" of new referrals	303	93	396
" examined and found to require treatment	261	78	339
" not requiring treatment, treatment refused, left area before examination, referred elsewhere, etc.	18	5	23
" not yet examined	55	25	80

Treatment

Regular treatment during some period of the year	332	182	514
Occasional attendance for treatment or advice	221	89	310
Total number treated during year	553	271	824
No. discharged from treatment list during year			
Speech normal	54	19	73
Speech satisfactory	63	31	94
Left area, etc.	31	30	61
Total	148	80	228
No. on treatment list at end of 1969	526	227	753
Of this total, no. not seen during last quarter of year, or longer, on account of staff shortage	350	103	453

Awaiting Treatment

On treatment list, but not seen during last quarter of year (see above)	350	103	453
No. on waiting list at end of year	249	38	287
" referred but not yet examined	55	25	80
Total	654	166	820
Total number on books at end of year	830	290	1,120
No. of home visits	135	38	173
" of school visits (apart from regular visits for treatment)	66	18	84

HEALTH EDUCATION IN SCHOOLS

During the year a considerable amount of health education has been carried out in schools; in part this is on the one to one basis which can be carried out so successfully during routine and special examinations or inspections by school doctors or nurses. The work of the health education section in schools is reported fully in pages 43 to 45 of this report and I do not need to refer further to it here. However, if health education is to be an accepted and worthwhile part of education and is to be seen as an essential part of the child's harmonious growth to adulthood, it must become more than an activity of the health education section of the health department; it must become an integral part of the educational process, and as such be carried out by those who are best qualified to do it - the school teachers.

IMMUNISATION AND VACCINATION OF SCHOOL CHILDREN

The following table shows the number of school children who received protection against diphtheria, tetanus, whooping cough, and poliomyelitis during 1969:-

	<u>Primary Courses</u>	<u>Booster</u>
Diphtheria	71	2,433
Whooping Cough	33	890
Tetanus	457	2,937
Poliomyelitis		
Sabin vaccine	193	2,270
Salk vaccine	-	-

BCG VACCINATION

The following figures relate to BCG vaccination in the area during 1969:-

Number skin tested	1977
Number found positive	108
Number found negative	1770
Number vaccinated	1769

X-ray examination of children found positive was undertaken at the Cambridge chest clinic through the courtesy of Dr. M.J. Greenberg, and at the North Cambridgeshire Hospital, Wisbech, and at Doddington Hospital, through the courtesy of Dr. C.E.P. Downes, consultant chest physicians.

INFECTIOUS DISEASES

The following table sets out the incidence of notifiable infectious diseases in school children:-

<u>Diphtheria</u>	<u>Scarlet Fever</u>	<u>Whooping Cough</u>	<u>Measles (excluding rubella)</u>	<u>Dysentery</u>	<u>Food Poisoning</u>	<u>Infective Jaundice</u>
-	98	29	555	131	7	17

SCHOOL SWIMMING POOLS

The work of sampling and inspection of the school swimming pools was carried on during the year by the public health inspectors and thanks are due to head teachers for their co-operation in recording temperatures and completion of weekly returns. I am glad to be able to report there have been no untoward incidents arising from the use of pools in any part of the area. New pools were opened at the following schools during the year:-

Oakington, Stretham, Thriplow and Burrough Green.

PROVISION OF MILK AND MEALS IN SCHOOLS

The arrangements for the supply of milk in schools have continued as before. In October 1969, there were 16,192 children receiving it, 88.87% of the total in attendance at primary and nursery schools. Of those in attendance at the nursery school, 98% receive it; and at primary schools, 88.86%. Pasteurised milk was supplied at all schools in the area.

Cooked midday meals were available for all schools, and a total of 21,049 children, 74.41% received them. At the nursery school, 27.27% took meals; at primary schools, 76.34%; and at secondary schools, 71.19%.

The number of children receiving free meals, as required by the Department of Education and Science, was 1,396.

MEDICAL INSPECTION AND TREATMENT

Statistics for the year ended 31st December 1969:

Numbers of pupils on the registers of maintained primary, secondary, special and nursery schools in January 1969:-

(i)	Form 7 schools	30,407
(ii)	Form 7M schools	48
(iii)	Form 11 schools	60
Total		30,515

PART I - Medical inspection of pupils attending maintained primary and secondary schools (including nursery and special schools)

Table A - Periodic medical inspections

Age groups inspected (by year of birth)	No.of pupils who have received a full medical examination	Physical condition of Pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satis- factory	Unsatis- factory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1965 & later	98	98	-	1	1	2
1964	1730	1729	1	19	27	46
1963	1450	1450	-	28	17	45
1962	197	197	-	15	4	19
1961	1410	1407	3	44	32	76
1960	1039	1039	-	45	20	65
1959	515	515	-	48	13	61
1958	602	602	-	39	3	42
1957	378	378	-	21	5	26
1956	1174	1174	-	36	10	46
1955	912	912	-	37	12	49
1954 & earlier	541	541	-	51	6	57
Total	10,046	10,042	4	384	150	534

Col.(3) total as a percentage of Col.(2) total 99.96%

Col.(4) total as a percentage of Col.(2) total 0.04%

Table B - Other inspections

Notes:- A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher and other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	153
Number of Re-inspections	6,254
Total	6,407

Table C - Infestation with vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	33,223
(b) Total number of individual pupils found to be infested	126
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	-
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	-

Part II - Defects found by periodic and
special medical inspections during the year

Defect Code No.	Defect or Disease		Periodic Inspections				Special Inspections
(1)	(2)		Entrants	Leavers	Others	Total	
4	Skin	T	4	3	8	15	-
		O	142	44	120	306	-
5	Eyes - a. Vision	T	23	18	61	102	-
		O	229	196	281	706	-
	b. Squint	T	8	1	5	14	-
		O	81	23	54	158	-
	c. Other	T	2	1	3	6	-
		O	33	14	36	83	-
6	Ears - a. Hearing	T	1	-	5	6	-
		O	147	20	101	268	-
	b. Otitis Media	T	5	-	4	9	-
		O	82	4	52	138	-
	c. Other	T	-	-	1	1	-
		O	47	5	23	75	-
7	Nose and Throat	T	4	2	4	10	-
		O	308	37	145	490	-
8	Speech	T	13	-	5	18	-
		O	103	14	62	179	-
9	Lymphatic Glands	T	-	-	9	9	-
		O	86	3	42	131	-
10	Heart	T	1	1	-	2	-
		O	64	14	32	110	-
11	Lungs	T	1	-	3	4	-
		O	100	19	72	191	-
12	Developmental - a. Hernia	T	3	-	-	3	-
		O	11	3	9	22	-
	b. Other	T	5	-	8	13	-
		O	108	10	63	181	-
13	Orthopaedic - a. Posture	T	-	-	1	1	-
		O	28	9	23	60	-
	b. Feet	T	3	4	2	9	-
		O	131	37	114	282	-
	c. Other	T	1	2	1	4	-
		O	85	19	64	168	-
14	Nervous System - a. Epilepsy	T	-	-	-	-	-
		O	9	7	7	23	-
	b. Other	T	-	-	-	-	-
		O	9	6	13	28	-
15	Psychological - a. Development	T	1	-	3	4	-
		O	80	26	82	188	-
	b. Stability	T	2	-	1	3	-
		O	174	57	177	408	-
16	Abdomen	T	2	-	2	4	-
		O	29	9	23	61	-
17	Other	T	1	-	3	4	-
		O	53	39	56	148	-

Part III - Treatment of pupils attending maintained primary and
secondary schools (including nursery and special schools)

Table A - Eye diseases, defective vision and squint

Number of cases known to
have been dealt with

External and other, excluding errors
of refraction and squint 9
Errors of refraction (including squint) 1,558
Total 1,567

Number of pupils for whom spectacles
were prescribed 256

Table B - Diseases and defects of ear, nose & throat

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	43
(b) for adenoids and chronic tonsillitis	94
(c) for other nose and throat conditions	3
Received other forms of treatment	<u>31</u>
Total	<u>171</u>
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1969	11
(b) in previous years	49

Table C - Orthopaedic and postural defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	6
(b) Pupils treated at school for postural defects	-
Total	<u>6</u>

Table D - Diseases of the skin

(excluding uncleanliness, for which see Table C of Part 1)

	Number of cases known to have been treated
Ringworm - (a) scalp	-
(b) body	-
Scabies	-
Impetigo	3
Other skin diseases	<u>44</u>
Total	<u>47</u>

Table E - Child guidance treatment

	Number of cases known to have been treated
Pupils treated at child guidance clinics	<u>237</u>

Table F - Speech therapy

	Number of cases known to have been treated
Pupils treated by speech therapist	<u>553</u>

Table G - Other treatment given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	37
(b) Pupils who received convalescent treatment under school health service arrangements	1
(c) Pupils who received BCG vaccination	1,769
(d) Other than (a) (b) (c) above	
Hospital in-patient	50
Other	<u>28</u>
Total	<u>1,885</u>

DENTAL INSPECTION AND TREATMENT

1. Inspections

(a) First inspection at school.	Number of pupils	10,090
(b) First inspection at clinic.	Number of pupils	3,840
Number of (a) + (b) found to require treatment		9,426
Number of (a) + (b) offered treatment		8,778
(c) Pupils re-inspected at school clinic		3,285
Number of (c) found to require treatment		1,953

2. Sessions

Sessions devoted to treatment	3,604
Sessions devoted to inspection	113.5
Sessions devoted to dental health education	26

3. Attendances and treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First visit	4,019	2,452	502	6,973
Subsequent visits	6,127	5,146	1,194	12,467
Total visits	10,146	7,598	1,696	19,440
Additional courses of treatment commenced	353	232	47	632
Fillings in permanent teeth	3,047	5,251	1,278	9,576
Fillings in deciduous teeth	3,926	163	-	4,089
Permanent teeth filled	2,515	4,534	1,143	8,192
Deciduous teeth filled	3,610	151	-	3,761
Permanent teeth extracted	287	1,171	247	1,705
Deciduous teeth extracted	5,466	1,202	-	6,668
General anaesthetics	1,620	581	56	2,257
Emergencies	621	294	88	1,003

Number of pupils X-rayed	523
Prophylaxis	1,701
Teeth otherwise conserved	425
Number of teeth root filled	42
Inlays	2
Crowns	29
Courses of treatment completed	5,769

4. Orthodontics

Cases remaining from previous year	90
New cases commenced during year	59
Cases completed during year	44
Cases discontinued during year	7
No. of removable appliances fitted	95
No. of fixed appliances fitted	-
Pupils referred to hospital consultant	30

5. Prosthetics

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	10	23	18	51
Number of dentures supplied	12	42	29	83

6. Anaesthetics

General anaesthetics administered by dental officers	410
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SCREENING TESTS OF VISION AND HEARING

In addition to the statistics published on the foregoing pages, the Department of Education and Science request the completion of a questionnaire on the subject of screening tests of vision and hearing, and a summary is appended:-

Is the vision of entrants tested as a routine within their first year at school ?	YES
At what age(s) is vision testing repeated during a child's school life ?	8+, 11+, 12+, 13+, 14+, 15+, 16+.
Is colour vision testing undertaken ?	YES
If so, at what age ?	8+
Are both boys and girls tested ?	YES
By whom is vision testing carried out ?	School M.Os./School Nurse
By whom is colour vision testing carried out ?	School M.Os./School Nurse
Is routine audiometric testing of entrants carried out within their first year at school ?	NO
If not, at what age is the first routine audiometric test carried out ?	7
By whom is audiometric testing carried out ?	Audiometrician or health visitor

